

DCC Mileage Report

DCC Name _____ Street Address _____ City/State/Zip _____

Beginning Date _____ End Date _____

Date	From	To	Odometer Start	Odometer End	Total Miles	Miles Claimed
			Mileage Totals			
			Mileage Claimed x's \$0.625 per mile			

I hereby certify that the travel indicated above was accomplished in the performance of official duties; that the information given above is true in all respects; and that no claim against the State has before been made for any part hereof.

Signature _____

Date _____