This form can be downloaded from our website: www.communityalliance-mi.org

Community Living Network dba Community Alliance

301 W. Michigan Ave suite 102
734-482-3300 Fax 734-482-3894

STAFF MILEAGE LOG

Month/Year:_____ Staff:_____

Consumer:_____ Staff Address:_____

_____

****WE MUST HAVE AN ADDRESS TO MAIL THE CHECK****

DATE	DESTINATION	BEGINNING MILEAGE	ENDING MILEAGE	TOTAL MILES

TOTAL MILES _____

_____Total Miles @ $_____ per mile = $_____

I hereby acknowledge that the mileage listed above is accurate and accrued while fulfilling the requirements of my position.

Staff Signature_____ Date_____

Employer/Guardian Approval_____ Date_____

CLN Verified:_____

REV. 5/11/18; 3/5/21