

Personal Mileage Log



Community Living Experiences, Inc.
2939 Donnylane Blvd, Columbus, OH, 43235

License Plate Number: _____

Employee Name: _____

Month/Year: _____

Date	Description	Consumers	Beginning Odometer	Ending Odometer	Total Mileage

I certify that the above mileage is accurate and true:

Employee Signature: _____

Supervisor Signature: _____