

# MILEAGE REPORT

Catholic Charities of Palm Beach, Inc.  
 Accounting Office  
 9995 N. Military Trail  
 P.O. Box 109650  
 Palm Beach Gardens, FL 33410-9650

Employee:			
Program:			
Date:			

DATE	ODOMETER READING		Number of Miles	Tolls & Parking Fees	Destination & Purpose
	Beginning	Ending			
In submitting this request, I certify that I am in compliance with the laws of Florida regarding coverage for automobile insurance and the current policies and procedures of Catholic Charities.			TOTAL MILES	TOTAL TOLLS	AMOUNT DUE EMPLOYEE \$

Employee Signature \_\_\_\_\_ Approved by: \_\_\_\_\_