

Texas Department of Housing and Community Affairs
Colonia Self Help Center Program



Mileage Record

Employee Name: _____				County: _____	Contract No: _____
Date	Odometer Start	Odometer End	Mileage	Destination and Purpose (including individual address(es), if applicable)	
Total Mileage:			_____	Times mileage rate:	\$0.50 = total charges: \$ _____

Employee Signature _____ Date _____

CERTIFICATIONS:
 I, _____ certify that the above-named employee was on the county payroll on the dates stated. Activities, dates, mileage and amounts are correct to the best of my knowledge.

Supervisor Signature _____ Date _____