

BEHAVIOR EDUCATION & MANAGEMENT SERVICES
Samaritan Counseling Center

Staff Mileage Log

Month _____
Staff _____

Consumer _____
UCI # _____

Date Only **Odometer Start** **Odometer Finish** **Miles** **Samaritan Use**

(one way)

Mileage Total

Samaritan

IRC Mileage Total

Staff Signature _____

Date: _____

FOR I.R.C. OFFICE USE ONLY

VENDOR # PJ2085
 Samaritan Counseling
 Center

One Way Mileage = _____

_____ Less 10 mi. (radius) - 10

Mileage to be paid = _____

Program Director's Signature: _____