

VICINITY/MAP MILEAGE LOG

Office Address:

MYFLFAMILIES.COM

Name:

SSN:

Home Address:

Date	Actual Point of Origin	Point of Destination	Purpose of Travel	On Call	Departure Time	Arrival Time	Beginning Odometer	Ending Odometer	Map Mileage	Vicinity Mileage	Incidental Type	Incidental Amount
Totals (for all pages)								0	0		0.00	

I certify that the above information supports the vicinity mileage claimed and the incidental expenses incurred by me as necessary in the performance of my official duites. This claim is true and correct in every material matter and conforms in every respoect with the requirements of Section 112.061, Florida Statutes.

TRAVELER'S SIGNATURE: DATE SIGNED:

Pursuant to Section 112.061(3)(a), Florida Statutes, I certify that to the best of my knowledge the above travel was for official business of the state of Florida and was performed for the purpose(s) stated avbove.

SUPERVISOR'S SIGNATURE:

DATE SIGNED:

