

Employee Mileage Log

Client Name: _____

Employee Name: _____

Employer Name: _____

Month Ending: _____

Leonard Consulting LLC
 370 E. South Temple, Ste. 300
 Salt Lake City, UT 84111
 EMAIL: timesheets@leonardconsultingllc.com
 FAX: 1-801-359-4698 / 1-877-359-4698

Date	Starting Point	Destination	Odometer		Total Mileage	Purpose of Trip*
			Starting Odometer	Ending Odometer		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

This mileage log is due by the 17th of each month. ***DTP (Transportation) will not be paid without a complete mileage log.**

I certify, under penalty of prosecution and repayment of funds, that this is an accurate record of the services I have provided. I also agree to the rate(s) of pay as indicated above.

I certify, under penalty of removal from the program, prosecution, and repayment of funds, that this is an accurate record of the services this employee has provided. I also agree to pay the employee the rate(s) of pay indicated above.

Employee Signature

Employer's Signature

Required with the Paper Timesheet or Therap Report for the same Pay Period

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Month Ending: _____

Date	Starting Point	Destination	Odometer		Total Mileage	Purpose of Trip*
			Starting Odometer	Ending Odometer		
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

This mileage log is due by the 2nd of each month.

***DTP (Transportation) will not be paid without a complete mileage log.**

I certify, under penalty of prosecution and repayment of funds, that this is an accurate record of the services I have provided. I also agree to the rate(s) of pay as indicated above.

I certify, under penalty of removal from the program, prosecution, and repayment of funds, that this is an accurate record of the services this employee has provided. I also agree to pay the employee the rate(s) of pay indicated above.

Employee Signature

Employer's Signature

Required with the Paper Timesheet or Therap Report for the same Pay Period