Exhibit E

MILEAGE LOG SHEET

Name: _____ Month: _____

Department: _____ Acct. Number: # _____

DATE	LOCATION, DUTIES PERFORMED, PERSONS CONTACTED	TIME LEFT/ARRIVE	MILEAGE BEGINNING	MILEAGE ENDING	MILES CLAIMED

APPROVAL

EMPLOYEE'S SIGNATURE / DATE

0 x .405 = $0.00

TOTAL MILES RATE

SUPERVISOR'S SIGNATURE / DATE

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