

# MILEAGE REPORT



Please check the appropriate organization:

- MORC
- Arc of Oakland
- CLS Oakland

**Please fill in completely. Keep a copy for yourself. The ExpertCare copy of the mileage log must be received in our office by 8:00 a.m. each Monday, regardless of a holiday.**

Consumer Name \_\_\_\_\_ Starting Date of Service \_\_\_\_\_

Provider Name \_\_\_\_\_ Ending Date of Service \_\_\_\_\_

DATE	MILEAGE	FROM	TO
<b>TOTAL MILES =</b>			

**I attest, under the penalty of perjury, I have driven the miles indicated above while working with the noted consumer. The mileage declared above is true, correct and compliant with Federal and State Funds. Signatures are original signatures and are not copied from a previous mileage expense report. Consumers, by signing this mileage expense report you attest that all information is accurate. No whiteout or pre-signed mileage expense reports will be accepted.**

\_\_\_\_\_  
**Provider Signature & Date**

\_\_\_\_\_  
**Authorized Consumer Signature & Date**