

DAILY VEHICLE USE LOG

FLORIDA CRIME STOPPERS TRUST FUND

Organization Name:

Grant No.:

Name of Individual: *

Vehicle Model: *

Tag Number: *

Odometer Readout: *

*Commute miles are from HOME to PRIMARY OFFICE

Date	Destination Points Where did you go?	Crime Stoppers Business Conducted	Begin Mile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End Mile	*Commute Miles	Miles	Cost
<input type="text"/>	<input type="text"/>		
			OAG Approved Cost
			<input type="text"/>

Total Miles	Total Cost	Total OAG Approved Cost
0	\$0	\$0

Signature of Individual Claiming Mileage * * *

Individual Name and Title Date

I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter, that the mileage expenses were actually incurred by me as necessary in the performance of Crime Stopper Grant official duties and contains no personal or commute miles.

Signature of Authorizing Official * * *

Authorizing Official Name and Title Date

Signature of OAG Staff Member * * *

OAG Staff Member Name and Title Date