

**OFFICE OF THE ATTORNEY GENERAL  
CRIME STOPPERS TRUST FUND**

*Daily Vehicle Use Log*

<b>GRANT NUMBER:</b>				<b>MONTH/YEAR:</b>				<b>TOTAL COST:</b>		<b>\$0.00</b>
<b>VEHICLE MODEL:</b>				<b>TAG NUMBER:</b>				<b>TOTAL MILES:</b>		<b>0</b>
DATE	DRIVER	BEGIN MILE	END MILE	*COMMUTE MILES	TOTAL MILES	DESTINATION POINTS (Where did you go)	DESCRIPTION of Crime Stopper Grant business conducted			
					0					
					0					
					0					
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					0					
<b>TOTAL MILES</b>					<b>0</b>					
<p>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. <b>(*Commute miles are from HOME to PRIMARY OFFICE.)</b></p>										

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Signature of Individual Claiming Mileage                      Date

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Signature of Board Authorizing Official                      Date

*CSA-2.1E - Daily Vehicle Use Log - Revised (08/2015)*  
*Rule 2A-9.006(7)(h), Florida Administrative Code*