

**1st Americare
Mileage Log**

Employee Name: _____ **Date:** _____

Note: Weekly Mileage Log must be submitted by Sunday at the end of each week. 1st Americare will reimburse at the reimbursement rate designated federally. (as of 01/2025 \$0.70)

Please submit mileage log to Reem.Badwey@1st-amicare.com

Days	Destination Travelled	Start Odometer	End Odometer	Total milage of the day
Monday Date: _____				
Tuesday Date: _____				
Wednesday Date: _____				
Thursday Date: _____				
Friday Date: _____				
Saturday Date: _____				
Sunday Date: _____				

Total Mileage: _____