

City of Saint Paul
Daily Mileage Report

Name _____
(Last) (First)

Date _____

Vehicle _____
(Year) (Make and Model)

Activity Code _____

License # _____

Origin / Destination		Odometer Reading (Tenths)	Miles (Tenths) Only	Activity Description
From:				
To:	1			
To:	2			
To:	3			
To:	4			
To:	5			
To:	6			
To:	7			
To:	8			
To:	9			
To:	10			
To:	11			
To:	12			

Total Miles _____

Signature _____

Please Buckle Up

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