iLIFE
iLIFE, LLC Fiscal Agent

# Fiscal Agent
# Mileage Log

**Instructions:** 1. Employee completes one entry for each trip, supplying all requested information.
2. Employee and Employer/Client sign at the bottom.
NOTE: Employee can work after Employee receives official notification to begin working.

Service Month: _____ Employee Number: _____

Employee Name (printed): _____

Employer/Client Name (printed): _____

| **Date** | **From** (address, city, state, & ZIP) | **To** (address, city, state, & ZIP) | **Purpose/ Description** | **Medical?** (Y/N) | **Total Miles** |
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| | | | **TOTAL MILES** | | |

Employee Signature: _____ Date: _____

Employer/Client Signature: _____ Date: _____

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