

**GIRL GUIDES OF CANADA, ONTARIO COUNCIL
MILEAGE LOG**

Unit Name: _____
Unit User ID: _____

Manual Expense ID: _____
Payee: _____

Trip					Choose one:	
No.	Date (DD/MM/YYYY)	Purpose	From (Input Full Address)	To (Input Full Address)	Must Attend Total (km)	By Choice Total (km)
1						
2						
					Total Mileage (in Kilometers):	
					Rate: \$	0.45/km 0.25/km
					*Total Mileage Reimbursed: \$	

***Mileage is reimbursed at \$0.45/km for MUST ATTEND and \$0.25/km for BY CHOICE ATTENDANCE**

I certify that this mileage has been covered by the unit for a must attend or by choice event or camp.

Payee Printed Name: _____

Payee Signature: _____

Date: _____

Unit Guider Signature: _____

Date: _____

A registered Guider for the unit other than the payee signs (Payee and Unit Guider signatures **cannot** be the same)