														-										•									
Cardiovascular Medicine, PLLC		Please enter dates of travel - one box for one-way, two boxes for re									·												Business Mileage Rate = \$0.655/mile										
	Mileage- One	- Day					5 10)	15					20						25					30	31				
Moline Off. From/To:	way																			, , , , , , , , , , , , , , , , , , , 					, , , , , , , , , , , , , , , , , , , 			Total Miles					
Aledo	29.9																																
Bettendorf-Trinity/TP	7.9																																
Davenport HI/Genesis I	≣ 8.2																																
Geneseo	24.3																																
Muscatine-Trinity	34.4																																
RI Trinity West	3.7																																
Silvis - Illini	8.4																																
Illini From/To:																																	
RI Trinity West	11.6																																
Trinity/Terrace Park F	rom/To:						1		,																								
Muscatine-Trinity	40.2																																
RI Trinity West	12.7																																
Silvis	10.9																																
Misc. Trips								1	1	_	1	1		ı	ı	1	1	ı		1	ı			ı		ı							
From	To		_# Mile	s		-																											
From	То		_# Mile	s		-																											
I certify that the above information is true and correct.																													Miles Amount				
Signature	Signature											Date				_																Updated 01/01/2023	

Month

Mileage Log

Employee Name