Mileage Log

Employee Name _____ Month _____

6930-_____-_____-_____ $_____

Cardiovascular Medicine, PLLC

**2023 Business Mileage Rate = $0..655/mile*

Davenport HI From/To:	Mileage-way	Fill in boxes with trip dates. One box equals one way. DAY 5 10 15															Total
Bettendorf-Trinity/TP-IA DR (95	3.9																
Bettendorf-Trinity/TP-IL DR (93)	3.9																
Burlington (85)	83.0																
Clinton (81)	35.8																
Dubuque (86)	70.5																
Geneseo (87/91)	29.9																
Maquoketa (84)	40.8																
Moline Office (30)	8.2																
Muscatine-Trinity (78)	31.6																
Silvis-Illini (40)	10.9																

Moline Office From/To:																	
Aledo (89)	29.9																
Bettendorf-Trinity/TP (93)	7.9																
Davenport HI (10)	8.2																
Geneseo (91/87)	24.3																
Muscatine-Trinity (79)	34.4																
Silvis-Illini (40)	8.4																
Other																	

Misc Trips																	
From/To:																	
From/To:																	

I certify that the above information is true and correct.

_____ _____

Signature Date

_____ _____

Supervisor's Approval Date

Updated 01/01/2023