Attachment 1

MAXABILITIES OF YORK COUNTY
MILEAGE LOG

Employee's Name: _____ **Month and Year:** _____

Department: _____

DATE	TO	FROM	MILES	COMMENTS/PURPOSE
				TOTAL MILES

Rate Per Mile $ 0.690 Effective for travel on or after 3/1/2026

Amount Requested (Total Miles x Rate) _____

Employee's Signature **Date**

Supervisor's Signature **Date**

Director's Signature **Date**

Finance Department Use Only:

Pay Check Date Paid: _____

Revised 3/1/2026