Interpreter Mileage Log

Case Number _____

Date	From	To	Purpose	Miles*

Total Miles _____
Per Mile $0.445
Total Reimbursable Amount _____

***Please check mileage using the mileage calculator @ http://www3.dot.state.fl.us/mileage/default.asp**

IMPORTANT: This form should be used for mileage reimbursement as allowed by the Indigent Services Committee in the circuit in which you were appointed.

NOTE: Travel that includes expenses other than mileage should be submitted on the State of Florida Travel Reimbursement Packet.