COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITATOR TRAVEL LOG**

TRAVELER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: Better Food Better Health

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Trip # | Travel Date | Location Name Start | Location Address Start | Location Name End | Location Address End | Miles |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| TOTAL MILES: \_\_\_\_\_\_\_\_\_\_\_\_\_ | x $0.535 a mile </= 100 miles  | = TOTAL AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Note: All miles traveled over 100 miles will be paid at 17 cents per mile.