TRANSPORTATION PROGRAM

LOG SHEET

MONTH_____

DATE	CLIENT NAME & ADDRESS	TEL. NO.	DESTINATION	KMS	CLIENT FEES	DONATION	VOL. TIME
		TOTALS					

KMS x .45 = $_____

Mileage Donated: $ _____ Mileage Paid: $_____ Date _____

VOLUNTEER DRIVER: _____
(Please Print)

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