

**Manitoba Emergency Measures Organization
Mileage Log**

Name: _____ Claim No: _____

<i>Principal Address:</i>
<i>Destination:</i>
<i>Original Route:</i>
<i>Alternative Route:</i>

DATE	DESCRIPTION/PURPOSE	START LOCATION	END LOCATION	TOTAL MILEAGE

Date: _____

(Applicant Signature)

(Applicant Name – Please Print)

(Employer/Other Signature)

(Employer/Other Name –Please Print)