SOBOBA TRIBAL TANF PROGRAM
MILEAGE LOG

Participant Name:	Month/Year:

Due by the 5th of the Month*

Date	Purpose (Training, Work, etc.)	Beginning Odometer Reading	Ending Odometer Reading	Total Miles	STTP Use Only Miles Verified

I certify my current valid California Driver's license expires on: _____

I certify under penalty of perjury that the miles and dates claimed are accurate. I also understand that providing false or misleading information is grounds for a penalty, sanction, and/or termination of TANF benefits.

TANF Participant Signature: _____Date:_____

STTP Use only

Total Miles _____ **x** _____ **(rate) = $**_____ **Staff Signature** _____ **Date** _____