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**MILEAGE REIMBURSEMENT REQUEST LOG**

**DATE SUBMITTED:**

**EMPLOYEE NAME:** **TELEPHONE:**

**DEPARTMENT:** **DIVISION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **DESTINATION** | **TOLLS** | **MILES** | **PURPOSE OF TRIP** |
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| **SUBTOTAL TOLLS:** | $0.00 | **0.00** |  |
| **SUBTOTAL MILEAGE x $0.56 per mile** |  | $0.00 |  |
| **TOTAL REQUESTED REIMBURSEMENT:** | **0.00** |  |

 **I,       , certify that the above information is correct and that the mileage incurred was in the performance of my official duties, as required by my position.**

**Date:       SIGNATURE:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**