



**MILEAGE REIMBURSEMENT
REQUEST LOG**

EMPLOYEE NAME:

TELEPHONE:

DATE SUBMITTED:

DEPARTMENT:

DIVISION:

DATE	FULL WORK SITE ADDRESS	FULL DESTINATION ADDRESS	TOLLS	MILES	PURPOSE OF TRIP (Please state One-way or Round-Trip)
SUBTOTAL TOLLS			\$0.00	\$0.00	
SUBTOTAL MILEAGE x \$0.67 per mile				\$0.00	
TOTAL REQUESTED REIMBURSEMENT:			\$0.00		

I, [Insert Name], 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. I further certify that a County pool vehicle was not available for use.

Date: _____

SIGNATURE: _____

