

Lucas County
Mileage Reimbursement Form

Travelers Name:

Department:

Purpose of Trip:

Vehilce Used: Privately Owned - License Plate Number:

Account:

Instructions: This form must be used for all county-related travel which involves reimbursement for mileage.

Date	Depart From	Odometer Reading	Destination	Odometer Reading	Total Miles
Total:					

Net Miles @

Total to be reimbursed =

I hereby certify that all travel listed above was in the service of the County and includes only such travel necessary in performing that service. To the best of my knowledge and belief, all information on this form is correct as stated. I understand that falsification of any portion of this form could result in disciplinary action of termination of employment.

Signature of Traveler:

Date:

Approval for Payment:

Date: