

# **Lucas County**

## Mileage Reimbursement Form

Travelers Name: \_\_\_\_\_  
Department: \_\_\_\_\_

Purpose of Trip:

Vehicle Used: Privately Owned - License Plate Number: \_\_\_\_\_

Account:

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

Net Miles @

\_\_\_\_\_

Total:

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 or termination of employment.

Signature of Traveler:

For more information, contact the Office of the Vice President for Research and Economic Development at 319-335-1111 or [research@uiowa.edu](mailto:research@uiowa.edu).

Date:

### Approval for Payment:

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

Date: