

Employee Mileage Allowance

Name:	Home Address:	Regular Work Location:
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Employee ID#:		
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Date	Departed From (Complete Address)	Travelled To (Complete Address)	Total Miles Travelled	LESS: Miles between Home and Work	Total Miles to be Reimbursed

<input type="checkbox"/> Additional Sheets required	Mileage Subtotal	
(If additional sheets are attached check box above) Total Miles from those sheets here →		
	Total Mileage Claimed	

EMPLOYEE CERTIFICATION

I HEREBY CERTIFY THAT the information included herein is accurate and the use of my private vehicle was in connection with County business. The mileage claimed was computed in accordance the instructions on the reverse of this certificate and supported by proper documentation.

Employee Signature:	Title:	Agency:
Date:		

SUPERVISOR CERTIFICATION

I HEREBY CERTIFY THAT the mileage included herein was authorized as necessary for County business. To the best of my knowledge and belief the mileage reimbursement request is accurate

Supervisor Signature:	Title:	Agency:
Date:		

Departmental Personnel Office Review

<u>Checked Commuter Mileage Deduction</u>	<u>Payroll (A or C)</u>	<u>Mileage Claim Date</u>	<u>NIFS CODES</u>
			<u>DEPT</u>
			<u>RC</u>