

This form and no other will be the authorized reporting form for mileage reimbursement for employees whose job assignments require them to travel using their personal vehicles in the performance of their duties. Beginning January 1, 1995, this form must be submitted before eligible employees can be reimbursed for eligible travel.

Policy	R	Reference: DJD, Employee Expenses			
NAME	JOB TITLE				
TRAVEL PEI	RIOD to	Expenditure C	Code		
DATE	Trip Ro	outing: Include All S	Stops	Miles Traveled	
				(Continued Over)	
Reimbursable m	ileage at .23 cents per mile (Effective 5	5/7/2012)	TOTAL MILES		
Vehicle Make	Model	Year	Reimbursement Amo Tag No		
	ve actually traveled to perform the dut t.23 cents per mile for such travel as p		t as indicated on the above rep	ort and am entitled to	
Signad					

Date	Trip routing: include all stops	Miles Traveled