



## MILEAGE REIMBURSEMENT CERTIFICATION FORM

Department: \_\_\_\_\_

Index \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

VEHICLE-YEAR, MAKE, MODEL AND LICENSE PLATE #: \_\_\_\_\_

Number of log pages \_\_\_\_\_

LOG START DATE: \_\_\_\_\_

START-  
ODOMETER  
READING:  
*REQUIRED*

SUPERVISOR'S CERT.  
*REQUIRED*

Please note, all mileage reimbursement must be turned in to this office on a Bi-weekly basis with the due date being paydays Friday's. Late mileage reimbursement requests will only be accepted upon submission of explanatory documentation signed of by the department head or elected official within 15 calendar days from last logged mileage period. Mileage should be reported to the nearest tenth of a mile. The present reimbursement rate is .40/business mile. Use a separate form for each personal vehicle used for County business. **ALL COUNTY BUSINESS STOPS MUST BE LOGGED IN.**

	LOG	MILES	LESS PERSONAL MILES	BUSINESS MILES	REIMBURSEMENT REQUEST
	LOG 1	0.0	0.0	0.0	\$0.00
	LOG 2	0.0	0.0	0.0	\$0.00
	LOG 3	0.0	0.0	0.0	\$0.00
	<b>EXTRA LOGS</b>				
	TOTAL MILES/REIMBURSEMENT	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>\$0.00</b>

ADDITIONAL COMMENTS:

**Odometer Certification:**

ENDING-ODOMETER READING===== *REQUIRED*

0.0

CHANGE IN ODOMETER READING FROM START DATE

0.0

SUPERVISOR'S CERT.

BUSINESS MILEAGE REPORTED ABOVE

0.0

*REQUIRED*

PERSONAL MILEAGE (CHANGE IN ODOMETER LESS BUSINESS MILES)

0.0

I HEREBY SWEAR AND CERTIFY THIS IS A TRUE AND CORRECT REPORT OF TRAVEL PERFORMED DURING THE PERIOD STATED ABOVE AND THAT THIS TRAVEL WAS NECESSARY IN THE PERFORMANCE OF MY OFFICIAL DUTIES AS AN EMPLOYEE OF THE COUNTY OF EL PASO, TEXAS. THIS LOG INCLUDES ALL STOPS THAT PERTAIN TO COUNTY BUSINESS.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
DEPARTMENTAL OFFICIAL APPROVAL

\_\_\_\_\_  
DATE:

**FOR COUNTY AUDITOR'S USE ONLY**

Date Stamp Area

TOTAL MILES ALLOWED: \_\_\_\_\_

AMOUNT DUE EMPLOYEE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

APPROVED FOR PAYMENT: \_\_\_\_\_

BATCH NUMBER: \_\_\_\_\_

VENDOR: \_\_\_\_\_

TRANSACTION CODE: \_\_\_\_\_

INDEX-SUB OBJECT: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_



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Index: \_\_\_\_\_

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VEHICLE-YEAR, MAKE, MODEL AND LICENSE PLATE #:

LOG 1

## MILEAGE LOG

DATE	FROM DESTINATION	ODOMETER BEG #	TO DESTINATION	ODOMETER END #	PURPOSE	TOTAL MILES	Less Personal Miles	BUSINESS MILES

SUB-TOTAL MILES/REIMBURSEMENT \_\_\_\_\_



# MILEAGE REIMBURSEMENT CERTIFICATION FORM

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Index:

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VEHICLE-YEAR, MAKE, MODEL AND LICENSE PLATE #:

LOG 2

MILEAGE LOG

DATE	FROM DESTINATION	ODOMETER BEG #	TO DESTINATION	ODOMETER END #	PURPOSE	TOTAL MILES	Less Personal Miles	BUSINESS MILES

SUB-TOTAL MILES/REIMBURSEMENT



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**Department:** \_\_\_\_\_

**Index:** \_\_\_\_\_

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**VEHICLE-YEAR, MAKE, MODEL AND LICENSE PLATE #:**

**LOG 3**

**MILEAGE LOG**

DATE	FROM DESTINATION	ODOMETER BEG #	TO DESTINATION	ODOMETER END #	PURPOSE	TOTAL MILES	Less Personal Miles	BUSINESS MILES

**SUB-TOTAL MILES/REIMBURSEMENT** \_\_\_\_\_