

VOUCHER # _____



Local Mileage Request

A valid Auto Use Permission Form must be on file in the Business Office and Defensive Driving Training must be complete before any mileage will be reimbursed.

EMPLOYEE ID# _____

DATE _____

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE _____

DATE	LOCATION		NET MILES
	FROM	TO	
TOTAL MILES			

TOTAL MILES _____ X \$.67 / MILE = AMOUNT OF REIMBURSEMENT \$ _____

APPROVED BY:

Manager: _____ Signature: _____ Date: _____

Senior Staff: _____ Signature: _____ Date: _____

SUBFUND COST CENTER PROGRAM ACTIVITY OBJECT

FOR BUSINESS OFFICE USE ONLY:					
DDT Completed:	YES	NO	Auto Use Form On File:	YES	NO