

2026

Note: This form must be completed in detail and submitted to the County Auditor to claim reimbursement for the use of personal auto for official local or intercounty business travel. Reimbursement will be at .725 cents per mile.

PERSON SUBMITTING REQUEST: _____

DATE OF REQUEST: _____ DEPARTMENT: _____

[illegible]

TOTAL MILES _____ **X .725 CENTS =** _____

"I hereby certify that the above is a true and correct statement of use of my personal auto for official local or intercounty business travel and request reimbursement for the same."

SIGNATURE OF EMPLOYEE _____ DATE _____

BUDGET ACCOUNT (S) TO BE CHARGED	
LINE:	_____
LINE:	_____

SIGNATURE OF OFFICIAL/DEPT. SUPERVISOR _____ DATE _____

COUNTY JUDGE _____ DATE _____

COUNTY AUDITOR	DATE
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