KARNES COUNTY REQUEST FOR MILEAGE REIMBURSEMENT

EMPLOYEE **DEPT**

DATE	DESTINATION/PURPOSE	BEGINNING ODOMETER	ENDING ODOMETER	TOTAL MILEAGE
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0

TOTAL MILEAGE 0

CURRENT RATE CAN BE FOUND AT: https://fmx.cpa.texas.gov/fmx/travel/textravel/rates/current.php **$** 0.67

TOTAL $ 0.00

ACCOUNT NUMBER TO BE CHARGED: _____

I HEREBY CERTIFY THAT THE ABOVE STATEMENT OF MILEAGE FOR REIMBURSEMENT WAS FOR A COUNTY PURPOSE AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE **DATE**