



2024 MILEAGE ONLY FORM

Request for Mileage Reimbursement

Employee: _____

Department: _____

G L # _____

Purpose of Expense: _____

Date(s) of Trip: _____

Date	Transportation/ Mileage Amount	\$ Total Mileage Reimbursement	Other	Total
TOTALS				

This form is for mileage and/or miscellaneous items only. Please use the "Employee Travel Expense Form" for any overnight travel which includes lodging and meals.

Subtotal	
Less cash advanced <small>enter as negative</small>	
Total owed to You	
Total due County	

I hereby certify that the costs listed on this report are true and correct and were incurred in connection with the official business of Caldwell County, Texas.

Employee signature: _____ Date: _____

Approved by: _____ Date: _____