

MILEAGE CLAIM AND VERIFICATION

Valid for claims occurring after 07/01/2022

DATE	DESCRIPTION Include: Starting Location, Ending Location	on (plus any additional stops) and Purpose of the Trip	TOTAL TRIP MILES
		Grand Total Miles	
Follow IRS guidelines for mileage rate.		Rate Reimbursement Total	
I declare under the penalties of the law that this amount, claim, or demand is just and correct and that no part has been paid.			
Employee Name - (Print) Date		Budget Code(s)	
Employee Signature Date			
Home Street Address		Supervisor Signature	Date
City	State Zip		