



Hutchinson County

MILEAGE REIMBURSEMENT LOG

Person Submitting Report:			Department:			
Purpose of Travel:						
NOTE: This form must be completed in detail and submitted to the County Auditor to claim reimbursement for use of personal auto for official county business travel. Reimbursement will be current allowable rate per mile as approved by Commissioners Court.						
DATE	ODOMETER READING		TOTAL MILES	DESCRIPTION OF OFFICIAL COUNTY TRAVEL		
	FROM	TO				
TOTAL MILES						
TOTAL NUMBER OF MILES FOR THIS REPORT				@	0.67	PER MILE \$
CERTIFICATION						
EMPLOYEE: "I certify that the above is a true and correct statement of use of my personal auto for official county business travel and request reimbursement for same."			OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for personal auto use for official county business travel. I have examined the request for reimbursement and approve the same for payment."			
Signature of Employee			Date	Signature of Official/Department Head		Date

USE THIS FORM ONLY WHEN REQUESTING MILEAGE BE PAID BASED ON ACTUAL ODOMETER READINGS. MUST INCLUDE DETAIL OF EACH TRIP. FOR EXAMPLE: FROM HOME TO HOTEL, FROM HOTEL TO RESTAURANT, FROM RESTAURANT TO HOTEL, FROM HOTEL TO HOME