



Request for Mileage Reimbursement

	Employee:			
	Department:			
	GL#			
	Purpose of Expense:			
	Date(s) of Trip:			_
	Dute(s) of Trip.			
Date	Transportation/ Mileage Amount	\$ Total Mileage Reimbursement	Other	Total
TOTALS			Subtotal	
This form is for mileage and/or miscellanous items only. Please use				
the "Employee Travel Expense Form" for any overnight travel which includes lodging and meals.			Total away County	
which includes loughly that metals.			Total due County	
-	ify that the costs listed on t ess of Caldwell County, Texas	·	orrect and were incurre	d in connection with the
Employee signature:			Date:	
Approved by:			Date:	
Effective: 1.1.24		*IR-2023-239 Mileage		