



## 2026 MILEAGE ONLY FORM

## Request for Mileage Reimbursement

**Employee:**

Department:

GL#

### Purpose of Expense:

Date(s) of Trip:

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.

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.

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Employee signature:

Date:

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Approved by:

Date:

*Effective: 1.1.24*

\*IR-2023-239 Mileage