



**2021 MILAGE ONLY FORM**

**Request for Mileage Reimbursement**

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

GL# \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Date	Transportation/ Mileage Amount	\$ Total Mileage Reimbursement (@ \$ 0.56/Mile)	Other	Total
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
		\$ -		\$ -
TOTALS	0	\$ -	\$ -	\$ -

Subtotal	\$ -
Less cash advanced	
Total owed to You	\$ -
Total due County	\$ -

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.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Effective: 1.1.21

\*IRS-2021--279 Mileage