VOUCHER # _____

# Local Mileage Request

***A valid Auto Use Permission Form must be on file in the Business Office and Defensive Driving Training must be complete before any mileage will be reimbursed.***

**EMPLOYEE ID#** _____ **DATE** _____

**EMPLOYEE NAME** _____ **EMPLOYEE SIGNATURE** _____

| DATE | LOCATION FROM | LOCATION TO | NET MILES |
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| | | **TOTAL MILES** | 0 |

TOTAL MILES 0_____ X $.70 / MILE = AMOUNT OF REIMBURSEMENT $ 0_____

**APPROVED BY:**

Manager: _____ Signature: _____ Date: _____

Senior Staff: _____ Signature: _____ Date: _____

| _____ | _____ | _____ | _____ | _____ |
|---|---|---|---|---|
| SUBFUND | COST CENTER | PROGRAM | ACTIVITY | OBJECT |

FOR BUSINESS OFFICE USE ONLY:

DDT Completed: ☐ YES ☐ NO Auto Use Form On File: ☐ YES ☐ NO

REV 05.2024