COUNTY OF DALLAS

Report of Personal Automobile Mileage Used in County Business and Request for Reimbursement

Date: ______________________

Name: ______________________ Employee Number: ______________________

DATE	DESTINATION OR PURPOSE	MILEAGE READING DEPARTURE	MILEAGE READING ARRIVAL	MILES*	OTHER	TOLLS	PARKING

* Do NOT include normal commute miles according to policy.

__________ miles at $0.55

Mileage: __________

Parking: __________

Tools: __________

Other: __________

REIMBURSEMENT CLAIMED: __________

BUDGET INFORMATION							
				0000			0000
FUND	DEPT	ACCOUNT	YEAR	PROGRAM	PROJECT	GRANT	FUTURE
				0000			0000

REQUESTED BY:

I understand this reimbursement rate was established to fund my costs for personal and third party liability.

I certify that charges represented by this bill are essential to County business and the county has received the full benefit thereof except as noted.

APPROVED BY:

____

Department Head or Official

____

Employee Signature

____

ROUTE ORIGINAL TO COUNTY AUDITOR

CA-PR-01 (Revised 1/02)