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		MILES*	OTHER	TOLLS	PARKING
		DEPARTURE	ARRIVAL				

* Do NOT include normal commute miles according to policy.

_____ miles at $0.485

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)