



REQUEST FOR MILEAGE REIMBURSEMENT

COUNTY "Accountable Plan"—This form must be turned in for payment 60 days from earliest date of travel or it could be subject to taxes or could be rejected and not payable.

ALL FIELDS MUST BE COMPLETED

HEADER / PAYEE SECTION

EMPLOYEE ID NUMBER										ACCOUNTING STRING										FUND		AGENCY		ORG CODE		PAS		RPT CATG	

EMPLOYEE NAME:																				
ADDRESS (LINE 1):																				
ADDRESS (LINE 2):																				
CITY, STATE, ZIP:																				

DETAIL LOG SECTION (see attached 2nd page for additional entries)

TRAVEL DATE	CASE NUMBER PURPOSE / DESTINATION	ODOMETER		TOTAL MILES	NUMBER OF MILES	
		START	FINISH		PERSONAL	COUNTY
				0		
				0		
				0		
				0		
				0		
				0		
				0		
				0		

PREPARER / APPROVALS SECTION

CERTIFICATION BY TRAVELER: I CERTIFY THAT THE PRECEEDING SUMMARY IS A TRUE STATEMENT OF CLAIM, IN THE PERFORMANCE OF MY DUTIES. TOTAL COUNTY MILES ELIGIBLE: 0

DEPARTMENT: _____ FOR THE MONTH OF: _____

VEHICLE OWNED BY: _____ AZ LICENSE PLATE #: _____

TRAVELER SUBMITTING CLAIM: _____ (PLEASE PRINT NAME) _____ (DATE) _____ (PHONE)

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____ (DATE) _____ (PHONE)

