

## CITY OF PATASKALA MILEAGE REIMBURSEMENT FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_

**Mileage Reimbursement:**

- The City will reimburse mileage at Internal Revenue Service approved federal rate.
- The employee is responsible for reporting all mileage incurred while conducting City business. Mileage is subject to review and approval by the department supervisor and finance department. Amount requested for reimbursement may be changed upon review.

Date	Destination	Miles	X	IRS Rate	=	Total Mileage Reimbursement
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
<b>TOTAL MILEAGE REIMBURSEMENT</b>						<b>\$</b>

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Finance Department Signature