DELAWARE COUNTY

TRAVEL EXPENSE REIMBURSEMENT FORM

AGENCY _____ PERIOD COVERED _____

NAME _____ TITLE _____

DATE	EXPENSE PURPOSE	Parking/Other Fees	Automobile /Truck Miles	Auto/Truck Rate $0.40	Motorcycle Miles	Motorcycle Rate $0.15	TOTAL AMOUNT

TOTAL

CERTIFICATION: I CERTIFY THAT THE STATEMENT MADE HEREIN IS TRUE AND THE MILEAGE LISTED
WAS ACTUALLY DRIVEN AND OTHER EXPENSES WERE INCURRED ON OR FOR OFFICIAL COUNTY BUSINESS

SIGNED _____ _____

(SUPERVISOR) (Date)