



DELAWARE COUNTY ACCOUNTABLE FRINGE BENEFIT PLAN MILEAGE REIMBURSEMENT FORM

NAME: _____

DEPT: _____

DATE	PURPOSE	FROM	TO	MILEAGE @ _____ PER MILE		PARKING	ROUND TRIP
				ODOMETER READING START	ODOMETER READING FINISH		
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TOTALS:				TOTAL MILES:		<input style="width: 50px; height: 20px;" type="text"/>	

TOTAL MILAGE:	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL PARKING:	<input style="width: 100%; height: 20px;" type="text"/>
GRAND TOTAL:	<input style="width: 100%; height: 20px;" type="text"/>

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 DELAWARE COUNTY BUSINESS. I ALSO ATTEST I HAVE AUTOMOBILE INSURANCE ON THIS VEHICLE, A VALID DRIVER'S LICENSE, AND INSURANCE ON MYSELF AS A DRIVER.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

**** ATTACH APPROPRIATE ORIGINAL, ITEMIZED RECEIPTS.**
***** IN LIEU OF ODOMETER READING, YOU MAY ATTACH A PRINTOUT FROM GOOGLE MAP.**