



NAME: _____

DEPT:

MILEAGE @ _____ PER MILE

TRIP

TRIP

PARKING

ROUND TRIP

DATE	PURPOSE	FROM	TO	START	FINISH	MILES	PARKING	TRIP
								<input type="checkbox"/>
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TOTALS:						TOTAL MILES:		

TOTAL MILAGE:	
TOTAL PARKING:	
GRAND 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 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:** _____

**** ATTACH APPROPRIATE ORIGINAL, ITEMIZED RECEIPTS.**

SUPERVISOR SIGNATURE: _____ **DATE:** _____

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