VOUCHER#	



## Local Mileage Request

A valid Auto Use Permission Form must be on file in the Business Office and Defensive Driving Training must be complete before any mileage will be reimbursed.

EMPLOYEE ID#							
EMPLOYEE NAME		EMPLOYEE SIGNATURE					
		LOCATIO	N				
DATE	FF	FROM			NET MILES		
	•	ТО	TAL MILES				
TOTAL MILES	X \$.655 / MIL	E = AMOUNT OF REIM	1BURSEMENT\$_				
		APPROV	/ED BY:				
Manager:		Signature:			Date:		
Senior Staff:		Signature:			Date:		
SUBFUND	COST CENT	ER PROG	iram	ACTIVITY	OBJECT		
FOR BUSINESS OFFICE	LISE ONLY:						
DDT Completed:	YES NO	Auto Use Fo	rm On File· V	ES NO			
227 completed.	. 23	7.00.0 030 1 01	5111116.				