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# Geauga County
## Mileage/Miscellaneous Reimbursement Voucher
## for the Commissioners' and Departments following Commissioners' Travel Policy

PRINT EMPLOYEE NAME _____ DEPARTMENT _____

| DATE | ORIGIN / PURPOSE OF TRAVEL | DESTINATION | MILEAGE | MISC. AMOUNT |
|---|---|---|---|---|
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|---|---|---|---|
| Column Totals | A | | B |
| Total Mileage Amount | (A) X .580** | $ 0.00 | C |
| Total Reimbursement | (B) + (C) | **$ 0.00** | |

**TRAVELER'S CERTIFICATE**

I certify that the statements made hereon are true, that the mileage was actually driven on County Business, and that the expenses incurred were in accordance with state and county regulations. I also certify that I have liability insurance as required in ORC 4509.51.

**ORIGINAL RECEIPTS MUST BE ATTACHED**

Employee Signature Date Department Head Signature

** IRS .580 rate effective 01/01/2019

Revised 01/02/2019 RHL