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Geauga County
Mileage/Miscellaneous Reimbursement Voucher
for the Board of Health

PRINT EMPLOYEE NAME ____________________ DATE ____________

DATE	ORIGIN / PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT

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

Department Head Signature

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

Revised 01/02/2019 rhl