

**Geauga County
Mileage/Miscellaneous Reimbursement Voucher
for the Board of Mental Health and Recovery Services**

PRINT EMPLOYEE NAME _____

DATE _____

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
		PURPOSE OF TRAVEL		

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.

Column Totals	A		B
Total Mileage Amount	(A) X .580**		C
Total Reimbursement	(B) + (C)		

ORIGINAL RECEIPTS MUST BE ATTACHED

Employee Signature	Department Head Signature
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** IRS .580 rate effective 01/01/2019
Revised 01/02/2019 rhl