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# Geauga County
## Mileage/Miscellaneous Reimbursement Voucher
## for ALL that follow IRS Standard Mileage

PRINT EMPLOYEE NAME _____ DEPARTMENT _____

| DATE | ORIGIN / DESTINATION / PURPOSE OF TRAVEL | MILEAGE | MISC. AMOUNT |
|---|---|---|---|
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| | | | |
| | Column Totals A | | B |
| | Total Mileage Amount (A) X .585** | | $ 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 .585 rate effective 01/01/2022

Revised 01/03/2021 RHL