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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
	Column Totals A		B
	Total Mileage Amount (A) X .625**		$ 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 .625 rate effective 07/01/2022

Revised 07/01/2022 RHL