

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

PRINT EMPLOYEE NAME _____

DEPARTMENT _____

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

Total Mileage Amount

Total Reimbursement

(A) X .655**

(B) + (C)

B

C

ORIGINAL RECEIPTS MUST BE ATTACHED

** IRS .655 rate effective 01/01/2023
Commissioners Approved 01/05/2023

Revised 01/05/2023 RHL

Employee Signature	Date	Department Head Signature