

**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			
Column Totals			A	B
			Total Mileage Amount	(A) X .670**
			Total Reimbursement	(B) + (C)

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

** IRS .670 rate effective 01/01/2024
Commissioners Approved 01/04/2024

Revised 01/04/2024 RHL

Employee Signature	Date	Department Head Signature
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