

TRAVERSE COUNTY

Mileage Log and Reimbursement Form 2024

Name _____

Rate Per Mile	\$0.670
For Period	
Total Miles	
Total Mileage Reimbursement	
Total Per Diem Reimbursement	

Date	Meeting #	Description of meeting	Per Diem (\$75)	Mileage	Total Mileage Reimbursement
Totals			\$ -		

I declare under the penalties of perjury that I am _____
(Insert title of office and name of the firm if claim is by the firm or corporation)

_____ the _____
(Insert person or firm)

making the within claim; that I have examined said claim and that the same is just and true; that the money herein charged was actually paid for the purposes therein stated; that the property therein charged actually delivered or used for the purposes therein stated, and was of the value therein charged; that the services therein charged were actually rendered and were of the value therein charged; that the fees therein charged are official and are such as are allowed by law: and that no part of said claim has been paid.