APPENDIX B

Local Mileage Reimbursement Form

Name:		Department/School:		
		Date:		
	CURRENT MILEAGE RATE 01/01/2023	0.67		
Trip Date	<u>Destination, Purpose, Description</u> Please provide conference name, as well as location(s) of conference, meals, if lunch was provided, etc	Actual Miles (reimbursable if county vehicle not available)	<u>Meals</u>	Other Expenses
	+			
	Summary		_	
			Total Miles:	
			Total Meals:	
			Other Expenses:	
		Actua	al Expense Total:	
ployee Signature		Date		
count Manager S	ignature		Date	
ecutive Signature		Date		
count Code:			Re	vised: 01-2