WASHINGTON COUNTY

Personal Vehicle Mileage Record

EMPLOYEE NUMBER/NAME

DATE:

LINE ITEM NUMBER:

DEPARTMENT NUMBER/NAME

			Loca	Odometer			
	_	<u> </u>	_	_			Total
Date	Purpose	of Travel	From	То	Start	End	Miles
Total Miles							
Current Rate							
Total Miles V Current Pate							

Total Miles X Current Rate

I certify the above report is correct and that I have read and adhere to the County's Travel Policy.

Employee Signature

Elected Official/Department Head Approval