

## MACOMB COUNTY CONFERENCE MILEAGE REPORT

**EMPLOYEE NAME:** \_\_\_\_\_

**WORK LOCATION:** \_\_\_\_\_

DATE	RECORD OF TRAVEL (Places Visited, Reason for Trip) <small>Please attach copy of Request for Conference and Mileage Calculator Documentation</small>	NET MILES

**TOTAL MILES TRAVELED**

### REIMBURSEMENT REQUESTS OTHER THAN TRAVEL RELATED TO CONFERENCE

DATE	(Lodging, Meals, Parking, etc.) Itemized receipts required for all reimbursable expenses. Alcohol and Gratuities are <b>NOT</b> reimbursable.

**TOTAL EXPENSES**

I hereby certify the mileage as listed herein, for which I seek reimbursement, was used exclusively on County business and does not include any personal travel, or home to work – work to home driving.

I have examined this mileage report and, to my knowledge and belief, consider the same to be correct and recommend the payment thereof.

Signature of Employee: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_