



**REQUEST FOR MILEAGE REIMBURSEMENT FORM
FOR USE OF PERSONAL VEHICLE FOR CITY BUSINESS**

Name: _____
 Position Title: _____
 Council District: _____
 Report Period: _____
 Vehicle: _____
 Year Make

Date Completed: _____
 MO DY YR
 Funding: _____
 FUND- DEPT- LINE ITEM

Complete Information Required

Date	Destination and City Business Purpose of Trip	Miles Driven

I certify that this claim for reimbursement of personal vehicle mileage is true, correct, justly due and unpaid and that all mileage reported was reasonable and necessary to conduct official business for the City of Kyle, Texas.

Total Miles Driven for City Business: _____

Rate Effective 1/1/2024: \$ 0.67 Per Mile
 Rate Effective : \$ _____ Per Mile

Signature _____

Amount Claimed: \$ _____