

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

| Position Title: | - | | | | | | Date Completed: | | | | |
|---|----------------------|---|-------------|------------|-----------|------------|-----------------|----------|----------|--------|-----------------|
| Council Distric | | | | | | | | МО | DY | YR | |
| Report Period: | · | | | | | | Funding: | | | | |
| Vehicle: | V | Mala | | | | | | FUND | DEDT | | TEN4 |
| | Year | Make | | | | | | FUND- | DEPT- | LINE | IIEM |
| | | | | | | | | | | | |
| | 1 | | Comple | ete Inform | nation Re | equired | | | | | |
| Date | | Destination and City Business Purpose of Trip | | | | | | | | | Miles Driven |
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| I certify that this claim for reimbursement of personal vehicle | | | | | | Total | Miles Driv | en for C | ity Bus | iness: | |
| mileage is true | e, correct, justly d | ue and unpa | aid and tha | at all | | | | | | | |
| mileage reported was reasonable and necessary to conduct | | | | Rate Effec | | | | | Per Mile | | |
| official busine | ss for the City of | Kyle, Texas. | | | | Rate Effec | ctive:/_ | _/ | \$ | | Per Mile |
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| | | | | | | 1 | | | | | |
| Signature | | | | | | | Δma | ount Cla | aimed: | \$ | |
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