

DATE	STARTING MILEAGE	RETURN MILEAGE	TOTAL MILEAGE	NAME OF PERSON/ADDRESS/SITE VISITED-REASON OR REASON FOR MISCELLANEOUS REIMBURSEMENT	WHY AGENCY VEHICLE ISN'T AVAILABLE	LENGTH OF VISIT	TIME OF DAY BEGINNING AND ENDING FOR AGENCY TRAVEL	TOTAL MILEAGE COST (.36 PER MILE)
TOTAL								

*Please be as detailed as possible on this report as it will be sent back for correction.

*Mileage reports must be submitted no more than two months at a time.

*If Agency vehicle is available and not used, mileage will not be reimbursed

AMOUNT CLAIMED \$ _____

I certify that this statement, the amounts claimed and attachments are true, correct, and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

Date Signature of Traveler

Date Supervisor's Approval

ACCOUNTING DISTRIBUTION AMOUNT	
Approved By: _____	Date Paid: _____
Math Check By: _____	Check #: _____
G/L Coding: _____	Check Amount: _____
TOTAL \$ _____	

Standard mileage uses:

Pendleton-Hermiston 60 miles r/t
Pendleton-Milton-Freewater-64 miles r/t
Irrigon -Boardman-25 miles r/t
Umatilla-Irrigon 15 miles r/t
Umatilla-Hermiston-14 miles r/t
Umatilla – Pendleton-74 miles r/t
Heppner – Hermiston-87 miles r/t
Hermiston-Boardman-50 miles r/t

***The Agency grant year is June 1-May 31. If local travel expense statements are not submitted to the Fiscal office by the last day of May, mileage will not be reimbursed**