Dane County Mileage Reimbursement Form
Effective January 1, 2022

Use this form to report usual and ordinary work-related mileage only. Report conference-related mileage with other conference-related expenses on County form #014-106-5.

Employee Name: _____

Street Address, Apt No.: _____

City, State & Zip Code: _____

Claim for the Month of: _____

Account Name/Number: _____

Vendor #: _____ *(Accounting Dept Use Only)*

Do you work under a telecommuting agreement? _____

Provide your normal, County office location below (not your home address).

_____ _____
County Office Location   *Other County Office Location (required only when selecting Other)*

Employee's Certification: I certify that this claim is just, correct and true, and that no part of it has been paid; that the expenses were actually and necessarily incurred in the performance of my duties and paid for by me; that no part of the travel herein charged for has been had upon a free pass or free transportation of any nature whatever, and that the mileage by personal automobile of which compensation is claimed was actually traveled in the service of Dane County.

Supervisor's Certification: I certify that this claim has been examined and that the items shown therein are actual and necessary expenses incurred by the claimant in the performance of official duties. The account is approved for payment.

Employee's Signature:

Supervisor's Signature:

Date	Origin of Trip	Destination of Trip	Purpose of Trip	Miles Traveled	Mileage Rate Per Mile	Total
			Page 1 Total Miles		**Page 1 Total $**	
			Grand Total Miles		**Grand Total $**	

* as defined by ordinance

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