

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: Michelle Allaby
Street Address, Apt No.: 2100 Goldfinch Lane
City, State & Zip Code: Sauk City, WI 53583
Claim for the Month of: May
Account Name/Number: ACS Account = 40000 22646

Vendor #: _____ (Accounting Dept Use Only)
Do you work under a telecommuting agreement? Yes
Provide your normal, County office location below (not your home address).
SMO
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:
Allaby, Michelle Digitally signed by Allaby, Michelle
 Date: 2022.08.01 15:20:03 -05'00'

Supervisor's Signature:
Gray-Dorn, Shari Digitally signed by Gray-Dorn, Shari
 Date: 2022.08.02 07:26:50 -05'00'

Date	Origin of Trip	Destination of Trip	Purpose of Trip	Miles Traveled	Mileage Rate Per Mile	Total	
5/13/2022	SMO	5103 Farwell Street, McFarland, WI	Home Visit	16	0.585	9.36	
5/13/2022	5103 Farwell Street, McFarland, WI	SMO	Home Visit	16	0.585	9.36	
				Page 1 Total Miles	32	Page 1 Total \$	18.72
				Grand Total Miles	32	Grand Total \$	18.72

* as defined by ordinance

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.

Date	Origin of Trip	Destination of Trip	Purpose of Trip	Miles Traveled	Mileage Rate Per Mile	Total
Page 4 Total Miles				0	Page 4 Total \$	0.00

* as defined by ordinance