CLARK COUNTY

ADMINISTRATIVE SERVICES

APPLICATION FOR MILEAGE REIMBURSEMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE	BEGINNING MILEAGE	ENDING MILEAGE	PURPOSE	TOTAL MILEAGE

TOTAL MILES _____

@ 0.54 PER MILE = _____

I hereby certify that the record provided above is correct to the best of my knowledge and that all of the mileage for which I am requesting reimbursement is related to my work with Clark County Administrative Services when a **County vehicle was unavailable.**.

_____

SIGNATURE

_____

DATE

Revised 1/12/16 P:P/Town&Liaison/MileageReimbursement