Electoral Board Request for Mileage Reimbursement

Month of: \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

 Name of Traveler: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| DATE | TRIP DESCRIPTION(Place of origin and destination) | PURPOSE OF TRIP | NO. OF MILES | CURRENT RATE PER MILE | $ AMOUNT TO BE REIMBURSED |
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| --- |
| $(Enter TOTAL) |

I hereby certify under oath subject to the penalty of perjury, that the mileage listed above was incurred by me on official business as an Electoral Board Member of the County/City of ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and includes only such mileage which is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Traveler