

# Mileage Reimbursement Claim form for the Month of: \_\_\_\_\_

Date	Purpose of your trip using CLIENT INITIALS only. Specify from what city your trip started, then each stop thereafter.	Beginning Odometer	Ending Odometer	Total Miles	Total Cost of Miles

Note: You must itemize the mileage claimed for each day. Signature required below

**Claimant's Statement:** I declare this account of daily expenses is true and correct. These are actual, reasonable, and necessary expenses incurred by me in the performance of my duties as a volunteer for Outagamie County. No part of this account has been previously reimbursed to me. I certify that I have a valid driver's license and that I have personal automobile liability insurance coverage with limits in an amount at least equal to that of the Wisconsin Financial Responsibility Law (State Statute 344.01).

\_\_\_\_\_  
 Claimant's Printed Name **(Required)**

\_\_\_\_\_  
 Claimant's Signature **(Required)**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor's Signature **(Required)**

\_\_\_\_\_  
 Date