Clinton County Board of Developmental Disabilities Mileage Reimbursement

Clinton County Board of Developmental Disabilities

Mileage Reimbursement

Name :		Department:				
Date Mo. Day Year	Destination	Business Purpose	Out Reading	In Reading	Total Miles	
Total Mile	<u> </u>	x Board Approved rate	e (currently .655 per mile) =			
I certify that the	above is a true and	accurate record of mileage incurred exclusively with board policy and was necessary to carry our	for business purposes of Clinton County Bo	oard of Development	al Disabilities.	
Employee Signature			Date			
Department Signature			Date	Date		
Superintendent Signature			Date	Date		