**MIAMI COUNTY**
**PERSONNEL POLICY MANUAL**

| **MILEAGE/PARKING EXPENSE REPORT** | **FORM 18**<br>**PAGE 1 OF 1** |
|---|---|

Employee: Date:

The following is a true and correct statement of the cost of transportation due to me for the period ending_____, 20_____.

| Month/Day | Place of Visit | No. Business Miles | Parking/Tolls |
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TOTAL MILEAGE PAYMENT

Total Miles Driven_____@ $_____/mile $ _____

Total Amount for Parking $ _____

TOTAL AMOUNT DUE $ _____

Signature_____

Supervisor/Department Head Signature _____

Date: _____