TRAVERSE COUNTY COMMISSIONER

Mileage Log and Reimbursement Form 2026

Name _____

Rate Per Mile	$0.725
For Period	
Total Miles	
Total Mileage Reimbursement	
Total Per Diem Reimbursement	

Date	Meeting #	Description of meeting	Per Diem ($75)	Mileage	Total Mileage Reimbursment
Totals			$ -		

I declare under the penalties of perjury that I am _____

(Insert title of office and name of the firm if claim is by the firm or corporation)

_____ the _____

(Insert person or firm)

making the within claim; that I have examined said claim and that the same is just and true; that the money herein charged was actually paid for the purposes therein stated; that the property therein charged actually delivered or used for the purposes therein stated, and was of the value therein charged; that the services therein charged were actually rendered and were of the value therein charged; that the fees therein charged are official and are such as are allowed by law; and that no part of said claim has been paid