# TRAVERSE COUNTY

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 |
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| **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