

**LOCAL MILEAGE CLAIM**

Name \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Work Location \_\_\_\_\_

Month \_\_\_\_\_  
 Vehicle \_\_\_\_\_  
 License # \_\_\_\_\_  
 Insured By \_\_\_\_\_

Insurance Verified By \_\_\_\_\_

Ins. Exp. Date \_\_\_\_\_

Date	Origin - Destination	Odometer	Total Miles	Purpose of Travel
TOTAL MILEAGE				

I certify that the above travel was required in the performance of my duties.

Amt. Paid \$ \_\_\_\_\_

\_\_\_\_\_  
 Claimant Date

\_\_\_\_\_  
 Supervisor's Signature