



REQUEST FOR MILEAGE REIMBURSEMENT

Form A2313mr 04/04/2017

COUNTY "Accountable Plan"—This form must be turned in for payment 60 days from earliest date of travel or it could be subject to taxes or could be rejected and not payable.

ALL FIELDS MUST BE COMPLETED

HEADER / PAYEE SECTION

ACCOUNTING STRING		FUND	DEPT	UNIT	ACTIVITY	APPROP UNIT	PROGRAM	OBJECT	ACCT TEMPLATE	
	ADP ACCT STRING									
	FIN 3X ACCT STRING									

EMPLOYEE ID NUMBER: _____

EMPLOYEE NAME: _____

ADDRESS (LINE 1): _____

ADDRESS (LINE 2): _____

CITY, STATE, ZIP: _____ - _____

DETAIL LOG SECTION (see attached 2nd page for additional entries)

TRAVEL DATE	CASE NUMBER PURPOSE / DESTINATION	ODOMETER START	ODOMETER FINISH	TOTAL MILES	NUMBER OF MILES PERSONAL	NUMBER OF MILES COUNTY

PREPARER / APPROVALS SECTION

CERTIFICATION BY TRAVELER: I CERTIFY THAT THE PRECEEDING SUMMARY IS A TRUE STATEMENT OF CLAIM, IN THE PERFORMANCE OF MY DUTIES. TOTAL COUNTY MILES ELIGIBLE: _____

DEPARTMENT: _____ **FOR THE MONTH OF:** _____

VEHICLE OWNED BY: _____ **AZ LICENSE PLATE #:** _____

TRAVELER SUBMITTING CLAIM: _____ (PLEASE PRINT NAME) _____ (DATE) _____ (PHONE)

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____ (DATE) _____ (PHONE)

DETAIL LOG SECTION (Continued from first page)

TRAVEL DATE	CASE NUMBER PURPOSE / DESTINATION	ODOMETER START	ODOMETER FINISH	TOTAL MILES	# OF MILES PERSONAL	# OF MILES COUNTY

**Put total county mileage on first page