PALM BEACH COUNTY BOAR OF COUNTY COMMISSIONERS
MILEAGE REIMBURSEMENT VOUCHER

MONTH: _____

Name: _____ Department: _____

Date	Place of Origin (Location & City)	Place of Destination (Location & City)	Miles Driven

Total Miles x $.55 = _____

Parking; Tolls = _____

Other (Specify) = _____

TOTAL = _____

ACCOUNT NUMBER

I HEREBY CERTIFY THAT THE ABOVE EXPENSES HAVE BEEN INCURRED BY THE UNDERSIGNED IN THE PERFORMANCE OF MY OFFICIAL DUTIES AND THAT THESE COSTS HAVE NOT BEEN PAID OR REIMBURSED FROM ANY OTHER SOURCE. I ALSO CERTIFY THAT I AM AN AUTHORIZED DRIVER AND IN COMPLIANCE WITH CW-0-004 (VEHICLE SAFETY POLICY) AND MAINTAIN THE AUTOMOBILE LIABILITY INSURANCE COVERAGE IN F.S. 324.021(7), PROOF OF FINANCIAL RESPONSIBILITY.

TRAVELER'S SIGNATURE: _____ DATE _____

TRAVELER'S NAME: _____

YEAR & MAKE OF VEHICLE: _____

SIGNATURE OF APPROVING AUTHORITY

_____

CW-F-009/Attachment B/Page 1 of 1

REV. 7/07
COUNTY FORM 006

WHITE - FINANCE YELLOW - DEPARTMENT PINK - TRAVELER