Malheur County Child Development Center

RESET FORM

MILEAGE CLAIM FORM

EMPLOYEE _____ FOR _____

Month/Year

This form is to be used by authorized persons to claim reimbursement for official travel expenses for driving their personal vehicle. Reimbursement is $0.725 per mile for all miles accumulated 01/01/2026-present.

DATE	DESTINATION/PURPOSE	START	END	MILES
			TOTAL MILES	0

EMPLOYEE SIGNATURE	OFFICE USE ONLY PO#		
	GL ACCOUNT # 6303		
SUPERVISOR	0	0.725	$ 0.00
	TOTAL MILES	IRS RATE	

DIRECTOR/PROGRAM MANAGER