KINGS COMMUNITY ACTION ORGANIZATION
MILEAGE REIMBURSEMENT FORM

NAME:	DEPARTMENT:	MONTH:
POSITION:	PROGRAM:	YEAR: 2008

DATE	TIME		LOCATION		PURPOSE	ODOMETER		MILES
	DEPART	RETURN	FROM	TO		BEGIN	END	

I attest that the information reported on this form is correct and that the travel was necessary for the performance of my duties for KCAO. I understand that false information on this form is reason for immediate dismissal.

X

Employee Signature Date

KCAO Mileage Rate: $0.505 per mile **Total Miles**

Date	Description	Account	Amount
	Mileage		
		Total Reimbursement	

Supervisor Signature: _____ Date: _____ Department Review: _____

FISCAL USE ONLY:

Check # _____ Amount _____ Date _____ Reviewed _____

DATE	TIME		LOCATION		PURPOSE	ODOMETER		MILES
	DEPART	RETURN	FROM	TO		BEGIN	END	
KCAO Mileage Rate: $0.505 per mile							**Total Miles**	