

**CITY OF BELTON
MONTHLY MILEAGE REIMBURSEMENT**

For the
Month of _____, _____

Name : _____

Title : _____

Department: _____

Current Rate : \$0.43 USD/mile

Total Mileage : _____

DATE (Day of Month)	BEGINING ODOMETER	ENDING ODOMETER	TOTAL MILEAGE	PURPOSE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total:

CERTIFICATION: I certify that all submitted claims are actual costs incurred
in the performance of duties as an authorized representative of the City of Belton.
All claims other than mileage must be substantiated by attached reports.

Total Rate USD:

Signature of Employee : _____

Date: _____

Approval of Department Head : _____

Date: _____

Approval of City Manager : _____

Date: _____