PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERSMILEAGE REIMBURSEMENT VOUCHER

	MONTH:		
I	Name:	1 1	Department:
Date	Place of Origin (Location & City)	Place of Destination	Miles Driven
		T ACOHON & LIBO	
	Total Miles x .50.5=		
	Parking; Tolls=		
Other (Specify)=		ACCOUNT NUMBER	
	TOTAL=	-	
UNDERSIGNED IN THE HAVE NOT BEEN PA THAT I AM AN AUT	TY THAT THE ABOVE EXPENSES HAVE BEEN INCURRED BY THE PERFORMANCE OF MY OFFICIAL DUTIES AND THAT THESE COSTS ID OR REIMBURSED FROM ANY OTHER SOURCE. I ALSO CERTIFY HORIZED DRIVER AND IN COMPLIANCE WITH CW-0-004 (VEHICLE DIMAINITAIN THE ALITOMORILE LIABILITY INSURANCE COVERAGE IN TRAVELER'S SIGNATURE DATE		
	TRAVELER'S NAME:	ļ	
	VELD A MAYE OF A A D		
YEAR & MAKE OF CAR:		-	