HENDERSON COUNTY GOVERNMENT/EDUCATION
STATEMENT OF OFFICIAL MILEAGE

NAME: _____ POSITION: _____

MONTH: _____ DATE: _____

DATE:	TRAVELED TO:	PERSON CONTACTED:	PURPOSE:	MILEAGE

FOR OFFICIAL USE ONLY
APPROVED BY DIRECTOR
SUPERINTENDENT

TOTAL MILEAGE _____

MILEAGE@ $.47/MILE _____

_____

TOTAL REIMBURSEMENT _____

I CERTIFY THE ABOVE TO BE A CORRECT STATEMENT OF MY OFFICIAL EXPENSES FOR THE CURRENT MONTH.

_____
SIGNATURE