REIMBURSEMENT OF MILEAGE - 2026
ERATH COUNTY, TEXAS

Name: _____ **Time Period Reporting:** _____

Department: _____

DATE (MM/DD/YYYY)	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE CLAIMED	REASON FOR TRAVEL

	TOTAL MILES CLAIMED
$0.73	**x 2026 MILEAGE RATE**
	TOTAL TO BE REIMBURSED

AUDITOR'S OFFICE USE:

GL Account: _____

I hereby certify that this is a true and correct report of mileage relating to Erath County business for the time period listed.

Signature: _____ Date: _____