

**RECORD FORM FOR VOLUNTEER MILEAGE REIMBURSEMENT  
CLALLAM COUNTY ROAD DEPARTMENT - ALSO MEETS WDFW/ALEA REQUIREMENTS**

*Instructions:* Fill out one form for each person per calendar month.

**Name:** \_\_\_\_\_ **Phone # (incl. area code):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

<b>MILEAGE RECORD:</b>		<b>Starting point address</b> <i>("Home" if same as mailing address)</i>	<b>Destination</b> <i>(can be a vicinity if not a single address)</i>	<b>"RT" if round trip</b>	<b>Total miles</b>
<b>Date</b>	<b>Purpose</b>				

I hereby certify that the above report is true and correct and the mileage reported hereon was actually traveled on official Clallam County business.

	<b>Total miles</b>	0
	<b>Rate per mile</b>	0.56
	<b>Total \$</b>	0

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify, under penalty of perjury, that the expenses presented have been certified to be a just due and unpaid obligation against Clallam County, and that I am authorized to authenticate and certify the said claim.

Department approval: \_\_\_\_\_ Date: \_\_\_\_\_

*INTERNAL PROCESSING: Bill to: Project:* \_\_\_\_\_ *Account code:* \_\_\_\_\_