Edited 10/11/2022

Mileage Reimbursement Form

Instructions: Fill out name, address, each column of the form, and sign and date the bottom. Turn the signed completed form by scanning/taking a picture and emailing to JCSO.Board@gmail.com or mailing it to JCSO Treasurer, 2013 William St. Jefferson City MO 65109 by April 30th for reimbursement.

Member Name: _____

Member Address: _____

Member Phone #: _____ Member Email: _____

DATE	REASON FOR TRAVEL	TO/FROM	MILES TRAVELED

NOTES:

Total Miles: _____
Mileage Rate: $0.35/mile
Reimbursement: _____

Member Signature _____ Date: _____

Approval Signature_____ Date: _____