LANCASTER COUNTY MILEAGE CLAIM

| | Employee Name: \$0.535 | | | | | | |
|----------------|------------------------|-------------|----------------------|----------------|--------------|-------------|---------------|
| Employee Name: | | | \$0.535 | | | | |
| Department: | | For Period: | | | | | |
| Authorized By: | | | Total Reimbursement: | | | | |
| Date | Starting Location | Destination | Purpose | Odometer Start | Odometer End | Total Miles | Reimbursement |
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| Totals | | | | | | | |

I Certify that the above is correct and true and that the same has not been paid.

Signature of Claimant

Date