

**IBGCA, INC.
MILEAGE**

EMPLOYEE: _____
MONTH: _____ YEAR: _____

Date	Reason for Trip	IBGCA	OTHER
TOTAL			

Total IBGCA Mileage Reimbursement @ \$.51 x _____ miles \$ _____

Total OTHER Mileage Reimbursement @ \$.51 x _____ miles \$ _____

Total Reimbursement Requested: \$ _____

I hereby Certify that this travel voucher covers automobile mileage and ACTUAL cost incurred in traveling for business purposes:

CERTIFIED: _____
Employee Signature

APPROVED: _____ APPROVED: _____
Site Coordinator IBGCA Project Officer

This form will be used when operating your personal vehicle for IBGCA purposes. Do not use this form when traveling out of state. That mileage will be calculated on your travel closeout form.