APPENDIX E

LOS ALAMOS COUNTY

MILEAGE LOG

REIMBURSEMENT REQUEST FORM

Effective
07/01/2018

Employee Name		Rate Per Mile	$0.545
Employee ID		For Period	From 1/0/00 to 1/0/00
Ins Verification *		Total Mileage	0
Authorized By		Total Reimbursement	$0.00

Date	Starting Location	Destination	Purpose for Travel	Map Mileage	Reimbursement
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
			TOTAL:	0	$0.00

*I certify that I have the minimum limits of insurance as set forth in the State of New Mexico's Mandatory Financial Responsibility Act.