

**LOCAL MILEAGE CLAIM**

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Work Location \_\_\_\_\_

Month \_\_\_\_\_  
 Vehicle \_\_\_\_\_  
 License # \_\_\_\_\_  
 Insured By \_\_\_\_\_

Ins. Exp. Date \_\_\_\_\_

[illegible]

Amt. Paid \$

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Supervisor's Signature

[illegible][illegible]