rev. 07-01-26 IRS rate change to .76/ mile

Travel Expense Voucher

Voucher No.

Name of Employee	Title	County Vehicle Available	Yes	No
Address	Department			
		For the Period:	to	

					Lodging		Subsistence	Miscellaneous Expenses		
Date	Odometer LV.	Ret.	Total Miles	Destination	Reason for Travel	Name of Hotel & Room Number	Cash You Paid	Cash You Paid	Explanation	Cash	Total
										$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	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
Total Mileage:		0								$0.00	$0.00
Total Mileage					**Total:**	$0.00			Total Expenses:		$0.00

COE Mileage Allowance Rate .684/ mile	I certify that the statement and expenses claimed are correct, reasonable and were incurred in the performance of county duties.	Mileage Allowance	$0.00
Rev.: 01-01-2026	Employee Signature / Supervisor Signature	Total Reimbursement Claimed	$ -