

Douglas County 4-H Mileage Report

NAME		ADDRESS		CITY	STATE	ZIP
PHONE NUMBER		EXPLANATION OF MILEAGE EXPENSES			DATE(S)	
Date of Travel	Departure Time	Arrival Time	Departure City	Arrival City	Vehicle Miles	
					TOTAL MILES:	
						x 0.325
					TOTAL:	\$

I declare that this account of mileage is true, that it was incurred for a 4-H Youth Development Program using my personal vehicle, and that fuel was paid for by me alone.

	DATE		DATE
CLAIMANT'S SIGNATURE	DATE	COUNTY AGENT SIGNATURE	DATE