CAMERON COUNTY
RECORD OF TRANSPORTATION

EMPLOYEE _____ **TITLE** _____

ACCOUNT NUMBER _____ **AMOUNT DUE** _____

**** *ODOMETER READING REQUIRED / ATTACHED - ONLINE MAPPING SERVICE* ****

DATE	FROM	TO	PURPOSE	ODOMETER READING		TOTAL MILES
				START	END	
				TOTAL MILES		

MILEAGE = IRS RATE PER MILE X TOTAL MILE *(at current IRS Reimbursable Rate)* _____ TOTAL MILEAGE

I do solemnly swear that I do not receive a car allowance and that the following travel expenses were incrred by using my personal vehicle, in carrying out assigned duties related to the Cameron County.

_____ _____

Department Head Signature Date Employee Signature Date