| PAYROLL CLERK USE ONLY |  |  |  |  |
|------------------------|--|--|--|--|
| PAID PPE:              |  |  |  |  |
| INITIAL:               |  |  |  |  |
|                        |  |  |  |  |

## COUNTY OF SONOMA PERSONAL AUTOMOBILE MILEAGE CLAIM

| DEPARTMENT:                          |   |   |  |                |  |
|--------------------------------------|---|---|--|----------------|--|
| EMPLOYEE:                            | YEE: EMPLOYEE ID #                                      |   |  |                |  |
|                                      |   |   |  |                |  |
| DATE                                 | DESCRIPTION: (PASSENGER NAME(S), PURPOSE & DESTINATION) |   |  | MILES DRIVEN   |  |
|                                      |   |   |  |                |  |
|                                      |   |   |  |                |  |
|                                      |   |   |  |                |  |
|                                      |   |   |  |                |  |
|                                      |   |   |  |                |  |
|                                      |   |   |  |                |  |
| _                                    |   |   |  |                |  |
|                                      |   |   |  |                |  |
|                                      |   |   |  |                |  |
| _                                    |   |   |  |                |  |
| Mileage Rate Effective 1/1/2025      |   | TOTA  | _ MILES DRIVEN:  |                |  |
| J                                    |   |   | MILEAGE RATE:  |                |  |
| TOTAL REIMBURSEMENT:                 |   |   |  |                |  |
| driver's license and employee and ac | nd adequate insurance to<br>knowledge that this reimb   | Il and for official business of the<br>meet County requirements. I an<br>ursement will be processed thro<br>n 90 days following the date of | ا<br>Department, and th<br>m requesting reimbu<br>ough the County's Pa | irsement as an |  |
| Date                                 |   |   | Employee Signature   |                |  |
|                                      | Date  |   | Authorized Ap  | proval         |  |