

Clear Form



2017 Mileage Reimbursement Request

Name: Victor Gonzales

Mayor's Signature: [Handwritten Signature]

Date: 10/3/17

Date of Trip	Trip Purpose & Start/End Location	Miles Driven	Rate	Total Amount
9/27/17	TML Region 10 Meeting in Leander	53.00	\$0.535	\$28.355
9/13/17	CAPCOG Monthly Executive Meeting	45.00	\$0.535	\$24.075
			\$0.535	\$0.000
			\$0.535	\$0.000
			\$0.535	\$0.000
			\$0.535	\$0.000
			\$0.535	\$0.000
			\$0.535	\$0.000
			\$0.535	\$0.000
			\$0.535	\$0.000
<b>Total Amount Requested</b>				<b>\$ 52.43</b>

Account Number: \_\_\_\_\_

Approved by: \_\_\_\_\_  
City Council

Please submit form to Jennifer Stubbs.

Print