

FORT BEND COUNTY

Mileage Expense Reimbursement Report/Transmittal

Name: MELISSA CAMACHO SSN or Vendor # 26379 Department: FBC CHS

Funding Source #1: 100630101 63200 (Accounting Unit) (Account Number) (Activity) if applicable (Reporting Category)

Funding Source #2: (if applicable) 63200 (Accounting Unit) (Account Number) (Activity) if applicable (Reporting Category)

Use this form for local mileage only. Travel out of the Houston area or local travel with other expenses belongs on the Travel Form

| Date(s) | List starting and ending destination and purpose of travel | Mileage |
|----------|-----------------------------------------------------------------------|---------|
| 04/27/22 | O/W KATY TO ROS - MEETING/PHOTO | 14.60 ✓ |
| 05/20/22 | O/W KATY TO JONES CREEK PARK - STAFF MEETING | 8.80 ✓ |
| 05/26/22 | O/W KATY TO ROS - SUPPLIES | 14.60 ✓ |
| 06/07/22 | R/T KATY TO ROS TO KATY - RETURNED WITH SUPPLIES | 29.40 ✓ |
| 06/09/22 | R/T KATY TO ROS TO KATY - DROPPED OFF KATY KEYS/PICKED UP SUPPLIES | 29.40 ✓ |
| 06/21/22 | R/T KATY TO ROS TO KATY - TESTING REQUESTED D/T EXPOSURE | 29.40 ✓ |
| 06/23/22 | R/T KATY TO ROS TO KATY - MASK FITTING | 29.40 ✓ |
| 06/28/22 | O/W KATY TO ROS - TO COVER CLINIC | 14.60 ✓ |
| 07/01/22 | O/W TO ROS - SKILLS CHECKOFF | 14.60 ✓ |
| 07/22/22 | R/T KATY TO ROS TO KATY - MOVED VACCINE | 29.40 ✓ |
| 07/30/22 | O/W MCITY TO ST MARK CHURCH TO MCITY - WORKED OUTREACH EVENT | 11.90 ✓ |
| 08/04/22 | R/T KATY TO ROS TO KATY - MOVED VACCINE FOR OUTREACH EVENT | 29.40 ✓ |
| 08/12/22 | O/W KATY TO ROS - STAFF MEETING | 14.60 ✓ |
| 09/02/22 | R/T KATY TO ROS TO KATY - PICKED UP LAPTOP OFFICE SUPPLY | 29.40 ✓ |
| 09/06/22 | O/W KATY TO GUS GEORGE ACADEMY - ACTIVE SHOOTER TRAINING | 11.40 ✓ |
| 09/22/22 | R/T KATY TO ROS TO KATY - PICKED UP OFFICE SUPPLY-PAPER | 29.40 ✓ |
| 10/07/22 | R/T KATY TO ROS TO KATY - MEETING WITH JB/PICKED UP AUDIT RECORDS | 29.40 ✓ |
| 10/26/22 | R/T KATY TO ROS TO KATY - P/U MORE COUNTY FLU/PICKED UP AUDIT RECORDS | 29.40 ✓ |
| 10/03/22 | O/W KATY TO JONES CREEK PARK - CHS/LTR TEAM MEETING | 8.80 ✓ |

GOOGLE MAPS VERIFIED - DOCS ATTACHED

| | | |
|---------------------|----------|----------|
| Total Miles | 407.90 | \$181.80 |
| x Mileage Rate | 0.585 | 116.25 |
| Subtotals | \$238.62 | 254.94 |
| | 63200 | |
| Total Reimbursement | \$238.62 | 254.94 |

The undersigned hereby certifies that mileage and expenses listed above were incurred on official county business only, and that reimbursement has not been received for any part thereof. \$113.63

Employee Signature: [Signature]

Date: 11/4/22

Department Head/
Elected Official Signature: [Signature]

Date: 11/7/22

Mileage reimbursement request should be submitted no less frequently than quarterly. Mileage reimbursement request for the

C. Smith 12/9/22 ✓