FORT BEND COUNTY
Mileage Expense Reimbursement Report/Transmittal

Name: Jarvis Parson **SSN or Vendor #** _____ **Department:** County Attorney

Funding Source #1:	100475100 (Accounting Unit)	63200 (Account Number)	_____ (Activity) if applicable	_____ (Reporting Category)
Funding Source #2: (if applicable)	_____ (Accounting Unit)	63200 (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
06/18/24	Brazos County Courthouse to Gus George Academy	99.70
06/18/24	Gus George Academy to Brazoas County Courthouse	99.70

Total Miles	199.40
x Mileage Rate	0.670
Subtotals	$133.60
	63200
Total Reimbursement	**$133.60**

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.

Employee Signature: _____ **Date:** _____

Department Head/ Elected Official Signature _____ **Date:** June 25, 2024

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