FORT BEND COUNTY
Mileage Expense Reimbursement Report/Transmittal

Name: Salvatore P. LoPiccolo Employee ID or Vendor # [redacted] Department: County Attorney

Funding Source #1:	782622888 (Accounting Unit)	63200 (Account Number)	P622-PURCHBO (Activity) if applicable	23600 (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
01/19/26	Travel to and from office to 13914 FM 1464 to view Bullhead Slough and vicinity	14.00
02/20/26	Travel to University of Houston for CLE Mock Trial Novice Competition	68.00
02/27/26	Travel to and from office to vicinity of 7332 FM 521 Rosharon to view condemnation parcel	
	thence to Masterson St. in Arcola for condemnation parcel; thence to Fresno area to view several	
	additional condemnation parcels in vicinity or on Kansas St., W. Sycamore St.Evergreen St.,	
	S. Post Oak, and Naill Rd.	64.00

Total Miles	146.00
x Mileage Rate	0.725
Subtotals	$105.85
	63200
Total Reimbursement	**$105.85**

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: [signature] **Date:** 3/17/26

Department Head/ Elected Official Signature [signature] **Date:** 3-25-26

Mileage reimbursement request should be submitted no less frequently than quarterly. Mileage reimbursement request for the fourth quarter should be submitted no later than October 30th for yearend processing.