MILEAGE RECORD FORM

Tri-County Interlocal

220 East Chestnut P. O. Drawer 668

Independence, KS 67301

Date	From	Odometer Reading	To	Odometer Reading	Reason for Trip (BE SPECIFIC)	Total Miles
						TOTAL

Forms must be submitted the 20th of the month. Payment will be received the next month immediately following Board approval.

Any forms received after the 20th will not be paid for two months

REV 08/11

Position _____

Signature _____

Address _____

_____