



Will County, Illinois

Mileage Form



Effective 01/01/24 - 12/31/24

Department:

Employee:

Employee ID#:

(Do not use S.S.#)

Date	Origin	Destination	ODOMETER READING		Total Miles	Miles Personal Use	Miles County Use	Business Purpose for Trip
			Beginning	Ending				
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
Totals For This Page					0.00		0.00	

Page 1 Total: <u>0.00</u>	Page 2 Total: <u>0.00</u>	Page 3 Total: <u>0.00</u>	Total Miles: <u>0.00</u>
			Total Amount: \$ <u>-</u>

NOTE: Mileage from your residence to your headquarters MUST BE SHOWN AS PERSONAL USE. All Mileage Charged to the County shall be Actual miles driven in performance of your duties and shall be computed from your headquarters.

I acknowledge and guarantee that when driving for county business I possess a valid driver's license and minimum auto liability insurance and certify that the miles shown for use of my personal car in County business are true and correct. _____

(Employee Signature)



Will County, Illinois Mileage Form



Effective 01/01/24 - 12/31/24

Department:

0

Employee: 0

Employee ID#: 0

(Do not use S.S.#)

Date	Origin	Destination	ODOMETER READING		Total Miles	Miles Personal Use	Miles County Use	Business Purpose for Trip
			Beginning	Ending				
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
Totals For This Page					0.00		0.00	

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Department:

0

Employee: 0

Employee ID#: 0

(Do not use S.S.#)

Date	Origin	Destination	ODOMETER READING		Total Miles	Miles Personal Use	Miles County Use	Business Purpose for Trip
			Beginning	Ending				
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
					0.00		0.00	
Totals For This Page					0.00		0.00	

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