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Geauga County
Mileage/Miscellaneous Reimbursement Voucher
for ALL that follow IRS Standard Mileage - 2026

PRINT EMPLOYEE NAME ______________________________ DEPARTMENT ________________

DATE	ORIGIN / PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT

Column Totals	A	0.00	$ 0.00 B
Total Mileage Amount	(A) X .725 **		$ 0.00 C
Total Reimbursement	(B) + (C)		**$ 0.00**

TRAVELER'S CERTIFICATE

I certify that the statements made hereon are true, that the mileage was actually driven on County Business, and that the expenses incurred were in accordance with state and county regulations. I also certify that I have liability insurance as required in ORC 4509.51.

ORIGINAL RECEIPTS MUST BE ATTACHED

** IRS .725 rate effective 01/01/2026
Commissioners Approved 01/06/2026

Employee Signature ________ Date ________ Department Head Signature ________

Revised 01/07/2026