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

Print Form

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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 0.76 **		$ 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 0.76 rate effective 07/01/2026
Commissioners Approved 07/21/2026

Employee Signature Date Department Head Signature

Revised 07/21/2026