**BUENA VISTA COUNTY, IOWA**

**CLAIM FOR MILEAGE REIMBURSEMENT**

**WHEN SERVING ON BOARDS AND COMMISSIONS Calendar year 2025**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Mo./Day/Yr.** | **Miles Driven** | **Where and Reason** |
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TOTAL MILES: \_\_\_\_\_\_\_\_\_\_ @ .66 (effective 1/1/2025 thru 12/31/2025) CENTS PER MILE = $\_\_\_\_\_\_\_\_\_\_\_

 I HEREBY CERTIFY under penalty of perjury that the mileage reimbursement claimed on this form are proper and actual mileages and parking fees incurred in performance of my official duties and in accordance with the Board of Supervisor’s Mileage Reimbursement Policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_