

DeKalb County Volunteer Fire Department
Mileage Reimbursement Statement

<u>Date</u>	<u>From</u>	<u>To</u>	<u>Miles</u>	<u>Explanation</u>

I certify that the above information is correct to the best of my knowledge and all travel listed is for official travel associated with use of my personal vehicle for DeKalb County Fire Department business.

Signature of Claimant: _____ Date: _____

Approval by Chief: _____ Date: _____