

**PULASKI COUNTY EMPLOYEE  
AUTO MILEAGE RECORD**

DATE	DESTINATION (Physical Address)	*MILES	REASON FOR TRAVEL (Include documentation)
<b>Total Miles:</b>		<b>(.545 per mile)</b>	<b>Total Expense: \$</b>

I, \_\_\_\_\_ do hereby certify that the foregoing claim is for actual expenses incurred in the official performance of my duties as \_\_\_\_\_ for the County of Pulaski, State of Arkansas, and that said claim is just and correct.

EMPLOYEE: \_\_\_\_\_  
Signature

APPROVED: \_\_\_\_\_  
Department Head

\*Miles are calculated from the employees primary place of work to the actual destination address or if elected official, from the official's residence to the destination by means of actual mapped mileage whether paper based or electronic. A copy must be attached.