County Court Mediation Services
Mileage Report

Date	Origin	Destination	Odometer Start	Odometer End	Total Mileage

Total Mileage _____
Total $ Due _____

I hereby certify that this travel claim is true and correct; that expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect to the requirements of the County Court Mediations services.

Print Name: _____ Date: _____

Signature: _____ Approved: _____