Court Visitor Volunteer—Private Vehicle Mileage Reimbursement Form

Visitor's Name _____ Vendor Number _____

Address _____ Phone _____

City, State, Zip _____ Email _____

1000	020	2941	BAM	6002
Fund	Dept	Unit	Approp	Object

Date mm/dd/yy	Case Number	Start From	Destination	Miles Driven
			Total Miles	0
			Rate Per Mile	$0.38
			Reimbursement	$0.00

I declare under penalty of Utah Code Section 78B-5-705 that I traveled on official court business as claimed and that the amounts are correct and proper.

Visitor
Sign here ► _____

_____
Date

Reviewed and approved.

Sign here ► _____

_____
Date

Program Coordinator _____

The court's fiscal year is from July 1 through June 30. Claims must be filed no later than 30 days after the end of the fiscal year in which the travel occurred.