Citizens Clean Elections Commission

Mileage Reimbursement Form

Candidate Name Office Sought Rate Per Mile (Not to Exceed 44.5

	•
5 cents)	\$
of Travel	
Mileage	
rsement	\$



Reporting Period of Total

Total Reimburs

Date	Starting Location	Destination	Description/Notes	Mileage	Reimbursement
			TOTAL		