



RAWLINS COUNTY  
**Dental Clinic**

515 State St.

P.O. Box 177

Atwood, KS 67730

785.626.8290

rdentalclinic.com

## Request for Mileage Reimbursement

*Please complete to top portion of this form and return this form to Diahonia.*

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Supervisor Name

Date(s) of travel: \_\_\_\_\_

Traveled to/ total mileage: \_\_\_\_\_

Reason & why clinic vehicle was not used: \_\_\_\_\_

\_\_\_\_\_  
I verify the above information is correct to my knowledge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

Request:  Approved

Denied

Comments: \_\_\_\_\_

Reimbursed on \_\_\_\_\_ pay check date.

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date