

**Exhibit 8: Authorization for Daily Mileage Travel Reimbursement (MV-2)**

**COUNTY OF HENRICO, VIRGINIA  
AUTHORIZATION FOR DAILY MILEAGE TRAVEL REIMBURSEMENT**

<u>REQUEST</u>	
Department, Board, or Agency _____	
Employee _____	
Home Address _____	
City _____ State _____ Zip Code _____	
Place of Employment _____	
Position Held _____	
Type of Work Requiring Travel _____	
_____	
Estimated Number of Miles Traveled Per Month _____	
_____	
Date _____	Signature of Official or Employee _____

<u>RECOMMENDATION</u>	
The officer or employee listed above should receive authorization for reimbursement of mileage incurred in a privately owned vehicle in the performance of his official duties for the following reasons:	
_____	
_____	
_____	
Date _____	Signature of Agency Head or Board Chief Administrative Officer _____

<u>APPROVAL</u>			
The above request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Authorization Number: _____
_____	_____		
Date	Signature of County Manager		