

Warrant Number		
Warrant Amount		
Date Allowed		
Doc #	# Pages	
Vendor No		
Vendor Name		
Address		
City		
State, Zip		

Board Of County Commissioners

Commissioner

Commissioner

Commissioner

MILEAGE CLAIM

*The employee needs to complete the mileage form to be attached to this claim.
Multiple account numbers can be used on this claim form.*

PO #	REFERENCE(ACCT,BILLING,CUST,INV #)	BILLED AMOUNT	DATE BILLED	DEPT NAME/LOC #
DESCRIPTION			ORG-OBJECT	ACCT AMT

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made and received except:

Date: _____ Office Holder: _____

I hereby certify that the attached invoice(s), or bill(s) is (are) true and correct and I have audited same in accordance with IC 5-11-10-2.

Date: _____ County Auditor: _____