

### 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.

<b>Warrant Number</b>		
<b>Warrant Amount</b>		
<b>Date Allowed</b>		
<b>Doc #</b>	<b># Pages</b>	
<b>Purchase Order #</b>		
<b>Vendor No</b>		
<b>Vendor Name</b>		
<b>Address</b>		
<b>City</b>		
<b>State, Zip</b>		

Board Of County Commissioners

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

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

Date: \_\_\_\_\_ Vendor or other Required Signature \_\_\_\_\_

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: \_\_\_\_\_