## MILEAGE CLAIM

|      |          | (OFFICE, BOARD, DEPARTMENT OR INSTITUTION | ()                    | ON ACCOUNT OF APPROPRIATION NO FOR                   |                           |                               |                                |       |
|------|----------|---|-----------------------|--|---------------------------|-------------------------------|--------------------------------|-------|
| DA7  | TE<br>20 | FROM<br>POINT                             | TO<br>POINT           | ODOMETER READING +  START FINISH  NATURE OF BUSINESS | AUTO<br>MILES<br>TRAVELED | MILEAG<br>@ _O·57:<br>PER MIL | MILEAGE<br>0.575 ¢<br>PER MILE |       |
| hath | Day      | Where you left from city                  | Where you went - city | *IPyan know  | * what you were doing     | Total Mies                    | piles x                        | 0.575 |
|      |          |   |                       |  |                           |                               |                                |       |
|      |          |   |                       |  |                           |                               |                                |       |
|      |          |   |                       |  |                           |                               |                                |       |
|      |          |   |                       |  |                           |                               |                                |       |
|      |          |   |                       |  |                           |                               |                                |       |
|      |          |   |                       |  | -                         |                               |                                |       |
|      |          | AUTO LICENSE NO.                          |                       | E.   | TOTALS                    | Take1                         | Por l                          |       |

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Date

Pringer on Approver 5 gurker Here

|                                 | I have examined the within claim      |
|---------------------------------|---------------------------------------|
| IN FAVOR OF                     | certify as follows:                   |
| j                               | That it is in proper form.            |
|                                 | That it is duly authentigated as requ |
|                                 | That it is based upon statutory auth  |
|                                 | That it is apparently { correct       |
|                                 | incorrect                             |
|                                 |                                       |
| \$                              | Disbursing Officer                    |
| On Account of Appropriation No. |                                       |
| for                             | Date                                  |
|                                 | ° l                                   |
| 1)0                             | _                                     |
|                                 |                                       |
| المتكار                         |                                       |
| Allowed, 20                     |                                       |
| in the sum of                   | 1-20                                  |
| 1000                            | fietes<br>fet side:                   |
| ( C 000)                        | f ies                                 |
|                                 | -let le                               |
| / 09                            | f 650 8                               |
| 1 09                            | -4                                    |
| (Board or Commission)           | · '   \                               |
| , some or commission,           |                                       |
|                                 | _   \                                 |
| FILED                           |                                       |
| FILED                           |                                       |
| FILED                           |                                       |
| FILED                           |                                       |
|                                 |                                       |
| (Official Title)                |                                       |

.