## Prescribed by State Board of Accounts MILEAGE CLAIM

(Governmental Unit)		ON ACCOUNT OF APPROPRIATION NO.				FOR	
(Office, Board, D	Department or Institution)	-					
DATE	FROM	TO POINT	ODOMETER READING +		NATURE OF BUSINESS	AUTO MILES	MILEAG @
	POINT			FINISH		TRAVELED	PER MI
	AUTO LICENSE NO.		TOTALS fixed mileage or highway map.				

Claim No Warrant No.	I have examined the within claim and hereby certify as follows:
IN FAVOR OF	That it is in proper form.
	That it is duly authenticated as required by law.
	That is is based upon statutory authority.
On Account of Appropriation No.	That it is apparently correct incorrect
	Disbursing Officer
Allowed, 20	I CERTIFY that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in the accordance with statutes or governing ordinances, except  Date , 20
(Board or Commission)  FILED	and correct; that ich charge is mad to the public busin ccordance with st
(Official Title)	the e was e was; atutes