PINAL COUNTY

Employee Claim for Reimbursement of Travel Expenses

DO NOT TYPE IN GREY AREA

Department	Account #	Grant/Project #	Reason for the Expenditure
Employee	**Period (Month & Year)**	**Post of Duty**	
Assigned To	**County Vehicle License #**	**Cash Travel Advance** / **Amount**	

Date	Travel				Odometer		Total Mileage	Rate $ 0.500	Meals	Other Expenses	Trans-portation	Total Expenses
	Depart From	Time	Arrived At	Time	Start	End						
						Totals	-	-	-	-	-	-

I hereby certify that all items of expense included in the above amount were necessary in discharging the official business of the County; the distance on this claim is what was actually traveled on the dates specified; no part of the account has been paid by the County and no claim against the County has been made for any part thereof, but the full amount is due and unpaid, and I declare under penalty of perjury that this claim has been examined by me and to the best of my knowledge and belief is a true and correct valid claim.

Claimant Date

This written approval of the claim against the county presented by another member of the Board of Supervisors is made pursuant to the Pinal County Supervisor's statutory duty, as particularly set forth in ARS 11-626 and is made based solely upon the information set forth in the claim, as verified by the claimant.

I/We hereby certify under penalty of perjury that I/we have examined this claim; that this expenditure is for a valid public purpose and that funds have been appropriated or are otherwise available for payment of this claim, and that if the available funds are from a federal grant, contract or source, this claim is allowable under the terms of such grant, contract or source; and payment of the amount claimed is hereby approved.

This written approval of the attached claim against the county presented by a member of the Board of Supervisors is made pursuant to the Pinal County Treasurer's statutory duty, as particularly set forth in ARS 11-626, and is made based solely upon the information set forth in the claim, as verified by the claimant.

Distribution by Object Code	
CODE	AMOUNT

Warrant #

Board of Supervisor Date Dolores J. Doolitte, Treasurer Date