

PINAL COUNTY

Employee Claim for Reimbursement of Travel Expenses

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	Rate	Meals	Other Expenses	Trans- portation	Total Expenses
	Depart From	Time	Arrived At	Time	Start	End	Mileage	\$ 0.500				
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 for which charge is made have been actually travelled on the dates specified; no part of the account has ben 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 penlty of perjury that this calim has been examined by me and to the best of my knowledge and beleif is a true, correct, and valid claim.

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.

Claimant Signature Date

Signature of supervisor Title Date

Signature of supervisor Title Date

Signature of supervisor Title Date

Distribution by Object Code	
CODE	AMOUNT

Warrant #