PINAL COUNTY

Claim for Reimbursement of Mileage Expenses

Claimants Name	Cost Center/Subledger	Department	Period (Month & Year)	

Declared Home Address		Post of Duty Address

Date	Travel		Round	Odometer		Total	Less	Compensable	Total	Other	Total	Business Purpose Detail
	Depart From	Arrived At	Trip	Start	End	Miles	commute	miles	$ 0.540	Expenses	Reimburseable	
	Address	Address	Y/N				miles		540211		Expenses	
								0				
								0				
								0				
								0				
								0				
								0				
								0				
								0				
								0				
								0				
								0				
								0				
								0				
					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 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 Signature Date

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.

Signature of Supervisor Date