This claim is to be used after May 1, 2008

Approved by State Board of Accounts for Vanderburgh County, 1998

County Form No. 101

MILEAGE CLAIM

WARRANT NO: / WARRANT AMT:	DATE	FROM POINT	TO POINT	ODOMETER START	ODOMETER FINISH	NATURE OF BUSINESS	MILES	AMOUNT
VOUCHER NO:							0.00	0.00
DATE ALLOWED:							0.00	0.00
VENDOR NO:							0.00	0.00
VENDOR NAME:							0.00	0.00
ADDRESS:							0.00	0.00
							0.00	0.00
CITY:							0.00	0.00
STATE, ZIP:							0.00	0.00
BOARD OF COUNTY COMMISSIONERS:							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
ACCOUNT #				VOUCHER#		TOTALS	0.00	0.00

If you experience any problems with this Mileage claim form or wish to make adjustments / changes contact Karen @ 435-5281 in the Auditor's Office. Use the TAB key or your mouse to navigate this form. Totals are automatically calculated for you. Use the print button located in the lower right-hand corner to print the form. If you do not use either the Print or Reset button on this form, then your data will appear for the next person that uses this form. Use the reset button to clear the form. This text and the print/reset buttons will not show on printed forms.

Date 03/06/08 Vendor Signature_____

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made and received except: _____

Date _____ Office Holder _____

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-2.

Date _____ County Auditor _____

Print & Reset

Reset