MILEAGE AND MINOR EXPENSE CLAIM

Program: _____ Insurance Carrier: _____

Month: _____ Purchase Order # _____ Expiration Date _____

Date	Destination	Itemized Costs	Daily Mileage Nearest Tenth	Daily Mileage @$.31 per mile	DAILY TOTALS

NAME: _____ SUPERVISOR'S

ADDRESS: _____ SIGNATURE: _____

_____

I certify that all information listed above is true and correct.

_____ _____

SIGNATURE DATE