AUDITOR-CONTROLLER OFFICE INTRANET FORM
VENTURA COUNTY FINANCIAL MANAGEMENT SYSTEM

CLAIM FOR REIMBURSEMENT OF MILEAGE EXPENSES

DATE (MMDDYY)	LOCATION FROM	LOCATION TO	ROUND TRIP	PURPOSE OF TRIP	MILES

CLAIMANT

The undersigned, under penalty of perjury, states: That the mileage expenses specified in the above claim are true and correct, that no part thereof has been heretofore paid or claimed, that the amount is justly due, and that the claim is presented within one year after the last item thereon has accrued.

X_____

DATE_____

DEPARTMENTAL APPROVAL

I hereby certify, upon my own personal knowledge, that the mileage expenses specified in the above claim were reasonable, necessary and for the benefit of the County for the purpose indicated above; that the mileage expenses are as stated hereon; and that reimbursement complies with the County Policies and Procedures.

Name_____ **Phone**_____

Title **Department**

SUBTOTAL MILES FROM ADDL LOG	0.00
TOTAL MILES TRAVELED	0.00
TOTAL AMOUNT DUE	$ -
$0.565 **RATE PER MILE**	

Batch ID | | | | | | | | | | | | Document ID | | | | | | | | | | | |