

IMPERIAL COUNTY, CALIFORNIA AUDITOR-CONTROLLER'S OFFICE ACCOUNTING SYSTEM IN COUNTY PRIVATE VEHICLE MILEAGE CLAIM

					Month:	
1. NAME, ADDRESS, AND VENDOR # OF EMPLOYEE			2. NAME OF BUDGET UNIT:			
Employee Vendor Number:			3. FUND NUMBER:			
Employee Name:			4. DEPT PHONE NO.:			
Employee Address:			5. CHECK FOR PICK-UP:			
5. I HEREBY CERTIFY THAT THE FOLLOWING INFORMATION TO MY KNOWLEDGE IS TRUE AND CORRECT.			I HEREBY CERTIFY THAT THE SERVICES DESCRIBED BELOW WERE NECESSARY FOR USE BY THE DEPARTMENT OR DISTRICT.			
EMPLOYEE SIGNATURE			DATE	DEF	ARTMENT HEAD	TOTAL MILES
DATE		DESTINATION & PURPOSE		MILEAGE	MILEAGE	TRAVELED
ORGANIZATION	OBJECT				TOTAL MILEAGE	
KEY	CODE DESCRIPTION				X RATE	
					AMOUNT CLAIMED	