Aging and Community Services
TEMPORARY Mileage Expense Claim Form

_____ (Governmental I TO: _____

_____ (Office, Board, Department or Institution On Acc't of Appropriation No. _____ for _____

Date	From	To	Speedometer Reading		Nature of Business	Auto Miles Traveled	Mileage ___ cents/mile	
20___	Point	Point						
			Start	Finish				
					TOTALS			
Date: _____					**Signature: _____**			

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.