

Travel Expense Claim-Mileage ONLY

Dept. No: 1451
Mileage Rate: 0.67

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Authorized and Approved by Department Head 6/17/25 Date

Total Claim Amount 8 \$5.36 Total Claim for 11/2024
Mo/Yr

(Deputy Auditor) Date

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Travel Expense Claim-Mileage ONLY

Mileage Rate: 0.67

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Authorized and Approved by Department Head
 Date

Total Claim Amount 30 \$20.10, Total Claim for 11/2024
Mo/Yr

Date _____

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Mileage Rate: 0.67

Date _____

Mo/Yr

Date _____

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Travel Expense Claim-Mileage ONLY

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Mileage Rate: 0.67

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Date

Date

[illegible]

Mo/Yr

Date _____

Vendor No. (7) 3028	Invoice No. (15) MLG ELEC 11/24	Description (25) MLG POLLWORKER TRAINING		
Fund (000) 001	Dept (0000) 1451	Account (000.00-00) 714.29-50	Amount \$ 32.16	Project # (6)

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Date _____

Mo/Yr

Date _____

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