

Mileage Claim

MSD of New Durham Township (Government Unit) TO DR

On Account of Appropriation No. _____

for Travel Expenses

General School
(Office, Board, Department or Institution)

| Date | From Point | To Point | Speedometer Reading* | | NATURE OF BUSINESS | AUTO MILES TRAVELED | MILEAGE @ .50 PER MILE |
|---------------|------------|----------|----------------------|--------|--------------------|---------------------|------------------------|
| | | | Start | Finish | | | |
| 2012 | | | | | | | \$ - |
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| TOTALS | | | | | | | \$ - |

Auto License No. _____

*SPEEDOMETER READING columns are to be used only when distance between points cannot be determined by fixed mileage or official highway map. 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.

Date _____

