PINAL COUNTY

Employee Claim for Reimbursement of Travel Expenses

DO NOT TYPE IN GREY AREA

Department	Account #	Grant/Project #	Reason for the Expenditure
Employee	**Period (Month & Year)**	**Post of Duty**	
Assigned To	**County Vehicle License #**	**Cash Travel Advance** / **Amount**	

Date	Travel				Odometer		Total	Rate	Meals	Other	Trans-	Total
	Depart From	Time	Arrived At	Time	Start	End	Mileage	$ 0.550		Expenses	portation	Expenses
						Totals	-	-	-	-	-	-

I hereby certify that all items of expense included in the above amount were necessary in discharging the official business of the County; the distance on this claim is what was actually traveled on the dates specified; no part of the account has been paid by the County and no claim against the County has been made for any part thereof, but the full amount is due and unpaid, and I declare under penlty of perjury that this claim has been examined by me and to the best of my knowledge and belief is a true, and correct valid claim.

Claimant Signature Date

I/We hereby certify under penalty of perjury that I/we have examined this claim; that this expenditure is for a valid public purpose and that funds have been appropirated or are otherwise available for payment of this claim, and that if the available funds are from a federal grant, contract or source, this claim is allowable under the terms of such grant, contract or source; and payment of the amount claimed is hereby approved.

Signature of supervisor Title Date

Distribution by Object Code	
CODE	AMOUNT

Warrant #