PRESCRIBED BY STATE BOARD OF ACCOUNTS

MILEAGE CLAIM

Southeast Dubois County School Corporation
(GOVERNMENTAL UNIT)

Printed Name:_____

_____
(OFFICE, BOARD, DEPARTMENT OR INSTITUTION)

DATE	FROM POINT	TO POINT	NATURE OF BUSINESS	AUTO MILES TRAVELED	MILEAGE @ $0.76/MILE
					$ -
					$ -
					$ -
					$ -
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					$ -
					$ -
					$ -
					$ -
	AUTO LICENSE NO.		**TOTALS**		$ -

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 _____

_____
Signature of Employee