

STARR COUNTY AUDITOR'S OFFICE MONTHLY MILEAGE TRAVEL FORM

CLAIMANT
LEGAL NAME: _____
DEPARTMENT: _____

VENDOR NO: _____
MONTH OF: _____

DATE	VEHICLE ODOMETER		MILEAGE	LOCATION TO & FROM	PURPOSE OF TRIP
	STARTING	ENDING			

Total Vehicle Mileage _____ miles at \$0.66 per mile: \$ _____

TOTAL TRAVEL FOR THE MONTH \$ _____

THE STATE OF TEXAS §
COUNTY OF STARR §

_____, being first duly sworn, disposes as follows: I am the claimant in the foregoing claim and this said claim is true and correct.

X _____

Subscribed and sworn to before me by the said _____ on this the _____ day of _____ of _____ to certify which witness my hand and seal of office.

Notary Public Starr County, Texas

MUST BE FILLED IN BY DEPARTMENT HEAD

FUND NAME: _____

DEPARTMENT: _____

LINE-ITEM: _____

AMOUNT: _____

MUST BE APPROVED BY THE FOLLOWING:

DEPARTMENT HEAD

COUNTY JUDGE

COUNTY AUDITOR