County of Butte Mileage Claim Form

OROVILLE, CALIFORNIA
GENERAL CLAIM

Incident Name/Location:
NVADG Volunteer: _____
Address: _____
City & State: _____
Date of Claim: _____

Date	Destination, Beginning and Ending Mileage	Total Mileage
	Grand Total	

I, the undersigned, declare under penalty of perjury that the services or article claimed have been performed or delivered, and that this claim is true and correct as stated.

Dated this _____ of _____ at _____ California _____

Signature of NVADG Volunteer

I, the undersigned, hereby certify that, to the best of my knowledge, the services or articles specified above have been performed or delivered and that there is a Budget Appropriation or Specific Board Approval (Check one) for the same.

Dated this _____ day of _____ at Oroville California _____

Department Head or Authorized Deputy

Dept. Code _____ Exp. Code _____ PAYABLE FROM _____ FUND _____

DO NOT WRITE BELOW THIS LINE – AUDITOR'S USE ONLY

DEPT. & SUB	PROJ.	SUB. OBJ.	CLAIM NO.	INV. NO.	INV. DATE	ENCUMB.	GROSS AMOUNT