## County of Butte Mileage Claim Form OROVILLE, CALIFORNIA

## **GENERAL CLAIM**

NVAI	City & State	e:					5 \$\ 	
Date	Destination, Beginning and Ending Mileage						Total Mileage	
	Grand Total  Indersigned, declare under penalty of perjury that the services or article claim med or delivered, and that this claim is true and correct as stated.  Ithis of at at and correct as stated.  Indersigned, hereby certify that, to the best of my knowledge, the services or is a Budget Appropriation □or Specific Board Approval □(Check one) for the set this day of at Oroville (check one)							
	Grand Tot	al						
the undersigned, declare under penalty of perjury that the services or article claimed have been erformed or delivered, and that this claim is true and correct as stated.  Signature must be in							n BLUE ink!	
ated this	of		at	California	<u> </u>			
	Signature of					Signature of N	/ADG Volunteer	
					specified above h	nave been perfor	med or delivered and tha	
he undersigned, hereby certify that, to the best of my knowledge, the services or articles specified above have been performed or delivered and that ere is a Budget Appropriation □or Specific Board Approval □(Check one) for the same.								
·								
	DO NO	OT WRITE B	BELOW THIS	LINE – AUC	OITOR'S US	E ONLY		
DEPT. & SUB	PROJ.	SUB. OBJ.	CLAIM NO.	INV. NO.	INV. DATE	ENCUMB.	GROSS AMOUNT	