AUDITOR-CONTROLLER OFFICE INTRANET FORM VENTURA COUNTY FINANCIAL MANAGEMENT SYSTEM

CLAIM FOR REIMBURSEMENT OF MILEAGE EXPENSES

(MMDDYY) FROM TO TRIP	
CLAIMANT DEPARTMENTAL APPROVAL SUBTOTAL MILES	
The undersigned, under penalty of perjury, states: That the mileage expenses specified in the above claim are true and specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable, necessary and for the benefit specified in the above claim were reasonable.	0.00
correct, that no part thereof has been heretofore paid or claimed, that the amount is justly due, and that the claim is claimed, that the amount is justly due, and that the claim is are as stated hereon; and that reimbursement complies with the County TOTAL	0.00
presented within one year after the last item thereon has accrued. Policies and Procedures. AMOUNT DUE \$	-
xPhone\$0.560	
DATE Title Department RATE PER MILE	
Batch ID Document ID P 1 A A A 5 7 0 0 0 0 0 0	
Date (MMDDYY) NEW Document Total Vendor Code	
MODIFICATION MODIFICATION	
NAME (VCHRP) CODE	
ADDRESS	
CITYSTATEZIP	
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