

MILEAGE CLAIM

Washington Township of Grant County

(GOVERNMENTAL UNIT)

TO _____ DF _____

ON ACCOUNT OF APPROPRIATION No. _____

(OFFICE, BOARD, DEPARTMENT OR INSTITUTION)

[illegible]

AUTO LICENSE No. _____

* SPEEDOMETER READING COLUMNS ARE TO BE USED ONLY WHEN DISTANCE BETWEEN POINTS CANNOT BE DETERMINED BY FIXED MILEAGE ON OFFICIAL HIGHWAY MAP.

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 _____

WARRANT NO. _____

I have examined the within claim and hereby certify as follows:

IN FAVOR OF

\$ 0.00

ON ACCOUNT OF APPROPRIATION No. _____

ALLOWED _____, 20__

IN THE SUM OF \$ 0.00

(COMMISSIONERS GRANT COUNTY)

FILED

(OFFICIAL TITLE).

(OFFICIAL TITLE).

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority.

That it is apparently correct

DISBURSING OFFICER

I certify that the within bill is true and correct, that the millage therein itemized and for which charge is made was ordered by me and was necessary to the public business, and that the rate per mille is in accordance with statutes or governing ordinances, except

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