			1		ODOMETER			
DATE	TIME	ORIGIN	DESTINATION	PURPOSE OF TRIP	END	START	MILES CLAIMED	
					TOTAL			

INSTRUCTIONS TO CLAIMANTS	MILEAGE			
1. EACH CLAIM MUST BE ITEMIZED, showing names, dates service rendered, character of work done, number of days, supplies furnished, distances traveled, etc. (California Government Code.)   2. EACH Claim MUST be certified to by claimant (after which the proper authority ordering the delivery of articles or performance of services must also certify before being filed with the County Auditor for allowance).   3. Claimants performing services for supply articles to two or more county departments MUST submit a separate claim for each department.   4. No claims will be audited of ALLOWED unless or until the above requirements are fulfilled.   5. Claims should be filed with the County Auditor at least one week preceding the week in which	Total Mileage	times	 per mile = \$	\$ -
the claim is to be approved by the Board of Supervisors. CERTIFICATION OF SIGNERS By signing the claim on the reverse side of this document, the signators in their respective capacities agree to	TOTAL CLA	IM FOR MILEAGE	\$ -	

By signing the claim on the reverse side of this document, the signators in their respective capacities agree to the following statements:

## CLAIMANT

The claimant, under penalty of perjury states: That the items on the reverse side and the items as therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount therein is justly due, and that the claim is presented within one year after the last item thereof has accrued. (Note: Signature required)

## DEPARTMENT HEAD

I hereby certify, under penalty of perjury, and upon my own personal knowledge that the articles or services specified on this claim for payment and/or as shown on any attached invoice(s) was(were) necessary and was(were) ordered by me for use by the department and for the purpose indicated above, that the item(s) billed has been delivered, or services performed of contracted for, except as otherwise indicated in remarks above, that no part thereof has been previously paid, and that I have not violated any of the provisions of Art.4, Title 1, Div. 4, of the Government Code of th4e State of California.

## AUDITOR CONTROLLER

I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the documents attached thereto, or to the original purchase order or contract. All verifications, and checking of computations required by county and government codes are in compliance and this claim in the total amount shown is hereby approved for payment.

## AUD-26 FOR FAMIS 4.2 (white) (REV 7-7-2008)