COUNTY OF YUMA, ARIZONA

S C H E D U L E O F M I L E A G E

_____
(Name of Traveler)

Statement of mileage claimed for travel by automobile owned by _____

license number _____ department _____

dated _____ for the period from _____ to _____

DATE	BETWEEN WHAT POINTS		HOUR OF DEPART.		HOUR OF ARRIVAL		METER READINGS		MILES TRAV. ELED	RECEIPT NO.	AMOUNT CLAIMED	
	FROM	TO	A..M.	P.M.	A..M.	P.M.	START	END				
									0.00		0.00	
									0.00		0.00	
									0.00		0.00	
									0.00		0.00	
									0.00		0.00	
									0.00		0.00	
									0.00		0.00	
									0.00		0.00	
									0.00		0.00	
									0.00		0.00	
								Total	0.00		0.00	

I hereby certify that the travel above was accomplished in the performance of official duties that the information given above is true in all respects and that no claim against the County has before been made for any part thereof.

_____
(Signature of Traveler)

_____
(Approval)