

MILEAGE CLAIM VOUCHER

Cavalier County, Langdon, North Dakota

Claimant's Name:

Address:

DATE	<u>PLACES OF TRAVEL</u>		PURPOSE	# of Miles	Amount 67¢/mile (as of 1/1/2024)
	FROM	TO			
TOTAL					

CERTIFICATE

STATE OF NORTH DAKOTA
County of Cavalier

I do hereby certify that the within bill, claim, account, or demand is just and true; that the money therein charged was actually paid for the purpose therein stated; that the services therein charged were actually rendered and of the value therein charged, and that no part of such bill, claim, account, or demand, has been paid; and that the goods therein charged were actually delivered and were of the value charged.

The undersigned, being first duly sworn, deposes and says that (s)he has read the above and foregoing itemized statement of mileage, and that the above and foregoing statement is true and correctly sets forth the mileage traveled, the dates when and how traveled and the purpose thereof.

Signature

Date

MILEAGE CLAIM VOUCHER

Warrant No. _____

Date _____

\$ _____

In favor of:

Filed _____

County Auditor

Deputy

TO THE COUNTY AUDITOR

The within account has been carefully checked and audited and you are hereby directed to draw your warrant upon the county treasurer for the above amount payable from the

Fund

Chairman Board of County Commissioners