

**STARR COUNTY AUDITOR'S OFFICE
MONTHLY MILEAGE TRAVEL FORM**

CLAIMANT
LEGAL NAME: _____

DEPARTMENT: _____

VENDOR NO: _____

Total Vehicle Mileage _____ miles at \$0.725 per mile: \$ _____

TOTAL TRAVEL FOR THE MONTH **\$** _____

THE STATE OF TEXAS §
COUNTY OF STARR §

_____, being first duly sworn, disposes as follows: I am the claimant in the foregoing claim and this said claim is true and correct.

X _____

**Subscribed and sworn to before me by the said _____ on this the _____
day of _____ of _____ to certify which witness my hand and seal of office.**

Notary Public

Starr County, Texas

MUST BE FILLED IN BY DEPARTMENT HEAD

FUND NAME:

DEPARTMENT:

LINE-ITEM:

AMOUNT:

MUST BE APPROVED BY THE FOLLOWING:

DEPARTMENT HEAD

COUNTY JUDGE

COUNTY AUDITOR