COUNTY OF ORLEANS
STATEMENT OF AUTOMOBILE TRAVEL

PAYEE ______________________ DEPARTMENT ____________________ Sheet No. __________

DATE	BETWEEN WHAT POINTS		METER READINGS		Miles Traveled
	From Address	To Address	Start	End	

I hereby certify that the travel was in conjunction with official county business and that the information given is accurate. I further certify that during the period claimed, all vehicles have been properly registered and insured.

Signature ______________________ Date ____________

Address must include street number, street name and Town, Village, City or Zip Code