COUNTY OF SUFFOLK

		EMENT OF AUTOMOBII should be submit with travel expense		EL		Subvou	cher No.
	CLAIMANT	(Department)				Serial	No.
Date	BETWEEN WHAT POINTS		Hour of Departure		Hour of Arrival		Miles Traveled
	From	То	A.M		A.M.	P.M.	
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					<u> </u>	Total Miles	
Carry Amount Forward to Travel Expense Voucher					mile \$		
This is to	certify that I have used my personally owned	car to		4 Por		_II	
ne designate: hat miles sho	d points in the interests of the County of Suffo	IK 201d on with					

that miles shown and/or expenses incurred were in connection with the business of this department in accordance with adopted statutes. SCIN Form 60 (1/76)

Signature of Traveler

34-161 11/80