ALABAMA DEPARTMENT OF REVENUE
PROPERTY TAX DIVISION
Expense Account
Board of Equalization

for _____ COUNTY

This is to certify that the above County's Equalization Board has incurred travel expense(s) in performance of its official duties for the month of _____, 20_____.

DAY OF MONTH	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO	MILES DRIVEN	VIEWED AND VALUED TAXABLE PROPERTY NUMBER OWNERS	VIEWED AND VALUED TAXABLE PROPERTY BEATS 1, 2, 3
		TOTAL MILES FOR MONTH			

Total amount due by state, county, and city at State Mileage Rate _____ per mile. . . . . $_____

Amount to be paid by state of Alabama . . . . . $_____

Amount to be paid by county of _____ . . . . . $_____

Amount to be paid by city of _____. . . . . $_____

We certify that the above claim is correct, due and unpaid, and request that warrant be issued to _____ County Board of Equalization.

_____ CHAIRMAN

_____ MEMBER

_____ MEMBER

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____ NOTARY PUBLIC

_____ DATE

APPROVED FOR PAYMENT, ALABAMA DEPARTMENT OF REVENUE

BY: _____ COMMISSIONER

Submit original and two copies (three if city pays one-third) to **Alabama Department of Revenue, Property Tax Division, P.O. Box 327210, Montgomery, AL 36132-7210**