



EMPLOYEE TRAVEL REPORT FORM

FULL NAME (first/last): \_\_\_\_\_

PROGAM: \_\_\_\_\_

OFFICE: \_\_\_\_\_

HOME MAILING ADDRESS (city/state/zip): \_\_\_\_\_

MONTH: \_\_\_\_\_

(1) DATE	(2) FROM	(3) TO	(4) Round Trip	(5) (6) METER		(7) MILES	(8) (9) TOLLS & PARKING	
				START	END		DETAIL	AMOUNT

PAGE (1)	TOTAL	MILEAGE	_____	T & P	_____
PAGE (2)	TOTAL	MILEAGE	_____	T & P	_____
PAGE (3)	TOTAL	MILEAGE	_____	T & P	_____
PAGE (4)	TOTAL	MILEAGE	_____	T & P	_____
PAGE (5)	TOTAL	MILEAGE	_____	T & P	_____
<b>GRAND TOTALS &gt;</b>		<b>MILEAGE</b>	_____	<b>TOLLS</b>	_____

SUPERVISOR APPROVAL:  
\_\_\_\_\_

**FINANCE**

REC'D: \_\_\_\_\_  
APPR: \_\_\_\_\_  
PAID: \_\_\_\_\_

	RATE	
TOTAL MILEAGE	\$	0.655
TOTAL TOLLS & PARKING	\$	-
<b>TOTAL TRAVEL &gt;</b>	<b>\$</b>	<b>-</b>
TELEPHONE	see attached	
<b>TOTAL REIMBURSEMENT</b>	_____	

Instructions: (1) Date of Trip (2) Start Location (3) End Location (4) X for Round Trip (5) Starting Odometer Reading (6) Ending Odometer Reading (7) Total mileage for trip (8) Explanation of other travel expenses ( meter, tolls, parking, etc.....) (9) \$ amount of other travel expenses. Please use continuation form if necessary and carry totals forward to first page. Attach detailed telephone bills with all charges when appropriate and all receipts for other travel expenses listed on (8) & (9). Please submit separate vouchers for each calendar month.

