## CENTER FOR FAMILY SERVICES, INC.

PAGE	1	OF	

## EMPLOYEE TRAVEL and TELEPHONE EXPENSE VOUCHER

NAME:		_				OFFICE:		
PROGAM:		-				MONTH:		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(1)	(=)	(©)	Round	(5) (6) <b>METER</b>		TOLLS		& PARKING
DATE	FROM	то	Trip	START	END	MILES	DETAIL	AMOUNT
		PAGE (1)		TOTAL	MILEAGE		T & P	
		PAGE (2)		TOTAL	MILEAGE		т&Р	
		PAGE (3)			MILEAGE		T & P	
		PAGE (4)			MILEAGE		T&P	
SUPERVISOR APPROVAL:		PAGE (5)			MILEAGE		T&P	
COI ERVICORY	III I NOVAL.	TAGE (0)		ND TOTALS >			TOLLS	
		-	OITA	1D TOTALO	·		10220	
		FINANCE					RATE	
DEGID					MILEAGE	\$	0.50	
REC'D:		-		TOTAL	TOLLS & PAR		TRAVEL >	\$ - \$ -
					TELEPHONE	IOIALI	MAYLL /	see attached
APPR:		_						
PAID:		_			TOTAL REIMB	URSEMENT		
. AID.		_			. V . AL INLIMID	CINCLINE		

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.

CONT. PAGE \_\_\_ OF \_\_\_

NAME:		MONTH:						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(.,	(=)	(0)	Round	(5) <b>ME</b> 1	TER	(.,	TOLLS (	& PARKING
DATE	FROM	то	Trip	START	END	MILES	DETAIL	AMOUNT
								\$
								,
			+					
			+ -					
			+ -					
					<u> </u>			
	CARRY TOTALS FORWARD	TO PAGE 1	<del>'</del>	TOTAL	MILEAGE		T & P	\$
			ŀ			<u> </u>	<u> </u>	<u> </u>