TRAVEL VOUCHER

Name: _____ Month/Year: _____

Job Title: _____ Member: _____

Date	Beginning Location	Time	Ending Location	Time	Purpose of Travel	Beginning Meter Reading	Ending Meter Reading	Total Miles	Expenses Incurred
							Sub Totals		

FOR OFFICE USE ONLY

_____ miles X _____ ¢ per mile = _____ + _____ expenses

PAY FOR:

By signing below, I certify that the amount of miles indicated above is correct

_____ Approved by Supervisor

_____ Traveler's Signature

An Equal Opportunity / Affirmative Action Employer