

TRAVEL/EXPENSE FORM

MILEAGE

Date	From	To	Purpose	Total Miles

Total Miles: _____

OTHER EXPENSES (Please attach detailed receipts)

Date	Item	Amount	Explanation

Total Expenses: _____ Advance Amount: _____

Employee's Name and Signature Date

Supervisor's Signature Date

Director's Signature Date

FOR OFFICE USE ONLY
 Amount Paid _____ Date _____ Check Number _____ Account _____