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Expense Voucher

Name
Vehicle
Signature
Emp#
Approved By

DATE	ODOMETER READING START	STOP	STARTING POINT	DESTINATION & PURPOSE	TOTAL MILES
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
			(Mileage Rate $0.535)	Total Miles	

PARKING/TOLLS$	0.00 *	**LODGING $**	0.00 *	**MILEAGE EXP.**	0.00
MEALS $	0.00 *	**OTHER $**	0.00 *	**TOTAL EXP.**	

*** MUST HAVE RECEIPTS ATTACHED**

I HEREBY CERTIFY THAT THE ABOVE STATEMENT TO THE BEST OF MY KNOWLEDGE IS TRUE & CORRECT

SIGNATURE

Clear Entire Form | Reset Grid only | Calc Total Miles & Total Exp.