Page ____
of ____ Pages

Emp# ____

Expense Voucher

Name ____
Vehicle ____
Signature ____
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 $0.545)	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.