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Vendor ID: Employee Name:			Region			Month/Year:				
Dates o	of Travel From:	To:	A	All expens	es exclu	ding mileage <u>i</u>	must have a receipt!			
OTHER	EXPENSES				DISTRIBUTION TO FUNDS					
Date	Explanation	Explanation			Total	#	#			
	Total									
	GROUND TRAN	ISPORTATION TOTA	ALS							
		ALL EXPENSES asportation & other expenses	nses)							
	TOTAL ACTUAL EXPENSES	INCURRED	\$							
	LESS TRAVEL ADVANCES		\$							
	AMOUNT DUE TO		\$							
	(Circle One) EMPLO	DYEE	AGENCY							
Comme	ents:									
I certify the	YEMPLOYEE CERTIFICATION_ at this expense voucher is just and true in a ere incurred on official business of the agenc	I respects; that the distance	s shown were actually	y and necessari	ly traveled on	the dates specified or	n official business only; that the expenses			
PROGR I certify tha	AM DIRECTOR CERTIFICATION t the charges set forth on this expense voucher	have been examined by me; the	at the services for whi	ich the charges a	ire made were	Date necessary and proper; a	nd that, in my opinion, the amounts claimed are just and reasonable.			
	NAL DIRECTOR AUTHORIZATION									

		*****PLEASE PRINT CLE		pageof			
Vendor II	D:	Employee Name:		Region #:	Month/Year:		
DATE TIME		TERRITORY TRAVELED (show all points visited, address of location and client names if applicable)	ODOMETER	MILEAGE	MILEAGE DISTRIBUTION TO FUNDS		

DATE	TE TIME		(show all points visited, address of location and client names if applicable)	ODOMETER		MILEAGE			MILEAGE DISTRIE	BUTION TO FUNDS
	Depart	Arrive		Depart	Arrive	Total	(-Commute)	Net	#	#
TOTAL MILES										
AMOUNT (miles x 0.36)										

INSTRUCTIONS:

Complete one line of this form for each trip. If more space is needed, copy the mileage total from this page to the first line of the next page.

Transportation Expense (Local)- When a personal vehicle is used on Agency business, the program will reimburse the employee at the current approval rate.

BEGINNING AND ENDING ODOMETER READINGS ARE REQUIRED TO RECEIVE REIMBURSEMENT.

Mileage reimbursement is <u>not payable</u> for the miles you <u>commute</u> to or from work each day.

Attach receipts for parking and tolls. For parking at a meter, write "meter" on the form to explain that no receipt is available. REVISION (01/11 AP)

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## Two Funds Travel Expense Voucher - Ground Transportation

\*\*\*\*\*PLEASE PRINT CLEARLY\*\*\*\*\*

Vendor ID:			Employee Name:			Region #:			Month/Year:	
DATE	DATE TIME		TERRITORY TRAVELED (show all points visited, address of location and client names if applicable)	ODON	ODOMETER		MILEAGE		MILEAGE DISTRIBUTION TO FUNDS	
	Depart Arrive			Depart	Arrive	Total	(-Commute)	Net #	#	#
	TOTAL MILES									
AMOUNT (miles x 0.36)				)						

\*\*\*\*\*PLEASE PRINT CLEARLY\*\*\*\*\*

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Vendor ID:			Employee Name:				#:		Month/Year:	
DATE	TII	ME	TERRITORY TRAVELED (show all points visited, address of location and client names if applicable)	ODON	METER	MILEAGE			MILEAGE DISTRIE	BUTION TO FUNDS
	Depart	Arrive		Depart	Arrive	Total	(-Commute)	Net #	#	#
			TOTAL MILES							
			AMOUNT (miles x 0.36	b)						