

EMPLOYEE EXPENSE REPORT
TRAVEL EXPENSES

AC 132-S-6JD-1

Attach Maps or Mileage Chart

Revised 01/2021

Employee Name :		Reason for Travel : <input type="checkbox"/> Routine <input type="checkbox"/> Training <input type="checkbox"/> Meeting		
Home Address:				
Street		City		Zip Code
Mileage Claimed: @ .56 =	Hotel/Meals/Other		Total Claim:	

Automobile Travel					
Date	From:	To:	Start Time AM/PM	End Time AM/PM	Miles
Total Miles					

Traveler's Certification: I hereby certify that the above account and attached schedules are just, true and correct; that no part thereof has been paid, except as stated therein; that the balance therein stated is actually due and owing; and that the amounts claimed were necessary and incurred in the performance of my official duties.

SignatureTitleDate

Supervisor's Certification: I certify that this account has been examined, and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

SignatureTitleDate