

TRAVEL REPORT OF PRIVATE VEHICLE MILEAGE AND OTHER EXPENSES

Purpose _____ Local Unit _____
 Period _____
 Beginning _____ and Ending _____

Date	Departure Time	Arrival Time	Private Vehicle Miles	Destination	Meals	Lodging		Other Expenses	
						Name	Amount	Amount	Description of Expense or Purpose of Travel

Total Miles
 Rate per mile _____

Totals	\$		\$		\$	\$	
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Total Amount Due for Private Vehicle Mileage	\$
Total Amount Due for Meals	\$
Total Amount Due for Lodging	\$
Total Amount Due for Other Expenses	\$
Grand Total	\$

Claimant's Certificate:
 I certify that the above claim is just, and remains unpaid,
 and that the amount claimed is actually due according to law.

Approved: _____

 Payee

 Local Unit Director