

Employee Name: _____

Date	Destination, Purpose, Description (if claiming mileage you must include your TO and FROM location)	Miles	ATTACH RECEIPTS (Itemized Receipts are Required)				Total
			Lodging	Meals	Parking	Other	
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
Total Mileage		-	@ \$0.575 cents per mile (eff 1/1/2020)				-
GRAND TOTAL							-

Employee Signature: _____

Date: _____

I declare under the penalties of perjury that this account, claim or demand is just and true and that no part of it has been paid.

Supervisor Signature: _____

Date: _____

FOR OFFICE USE ONLY	
ACCOUNT CODE	AMOUNT

