

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			@ \$0.625 cents per mile (eff 7/1/2022)				
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