

Employee Name: _____

Date (Expense incurred)	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			@ \$0.725 cents per mile (eff 1/1/2026)				
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