

# Local Travel and Other Expense Claims

Employee Name: \_\_\_\_\_

For Month Ending: \_\_\_\_\_

Date	OWP #	Destination	Purpose of Trip	Mileage		Toll & Parking	Meals*	Other*		Total
				Miles	\$	\$	\$	Explanation**	\$	
					0					\$0.00
					0					\$0.00
					0					\$0.00
					0					\$0.00
					0					\$0.00
					0					\$0.00
					0					\$0.00
					0					\$0.00
<b>Total Claimed</b>										

I certify that this statement, the amount claimed and attachments are true, correct and complete to the best of my knowledge and belief, and payment for the amount claimed, or any part thereof, has not been received.

For Accounting Use Only	
Vendor No.	
Account No.	Amount

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

\* Attach receipt

\*\* Use back of form for detailed explanation