TRAVEL VOUCHER

_____
Printed Name

Staff using their vehicles may turn in their mileage, corresponding with pay periods by ***10:30 am*** on MONDAY.
*****ANY TRAVEL THAT IS OLDER THAN 30 DAYS WILL NOT BE REIMBURSED******

Date	Client Name/ Business Name	Explanation Where From-Where To	Start Odometer	End Odometer	Total Miles	Cost Center
				Total Miles		

The above mileage recorded is correct as shown.

_____ _____ _____ _____
Staff Signature Date Supervisor's Signature Date

PLEASE GIVE TO YOUR SUPERVISOR, PRIOR TO GIVING TO ACCOUNTING FOR APPROVAL

100	Day Services – LaPorte County	600	Extended Services
105	Day Services - Lake County	810	TNP (Transportation)
300	RHS – LaPorte & Porter	880	Imagination Station
301	RHS – Lake County	890	Head Start
405	Earl Road	900	Admin & Support
415	Fifth Street		
420	Royal Road		
470	Butterfly (Maint. Only)		

Accounting Office Only

Dept. #	# of miles	Total
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Revised 3/2023