



**TRAVEL VOUCHER**

Employee 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 \_\_\_\_\_

Employee # \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

				Accounting Office Only		
100	Day Services – LaPorte County	600	Extended Services	Dept. #	# of miles	Total
105	Day Services - Lake County	810	TNP (Transportation)	_____	_____	\$ _____
300	RHS – LaPorte & Porter	880	Imagination Station	_____	_____	\$ _____
301	RHS – Lake County	890	Head Start	_____	_____	\$ _____
470	Butterfly (Maint. Only)	900	Admin & Support	_____	_____	\$ _____
500	Therapy Services			_____	_____	\$ _____