APPENDIX E: PERSONAL VEHICLE TRAVEL RECORD

EMPLOYEE _____ **TITLE**_____

AGENCY_____ **DEPARTMENT**_____

PURPOSE OF TRAVEL_____
_____
_____

DATE	START POINT/ STARTING ODOMETER READING	END POINT/ ENDING ODOMETER READING	TOTAL MILES	MILEAGE RATE	REIMBURSABLE AMOUNT
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
TOTALS					$ 0.00

I hereby certify that the travel indicated was a necessary and valid business expense.

Employee Signature_____ **Date** _____