EXCELLENCE and PRIDE

MONTHLY EXPENSE ACCOUNT FOR TRAVEL

EMPLOYEE:_____ MONTH:_____, 2019

DATE	PLACE TRAVELED	MILES $ .58	COST
TOTAL			

I certify that the above expenses were incurred by me in the performance of my work.

_____ _____

(Signature of Employee) **(Position/Building)**

APPROVED:_____

(Supervisor's Signature)