TRAVELING EXPENSES

NAME:_____ **MONTH:** _____ **YEAR:** _____

DATE	# MILES	INDIVIDUAL	*DESTINATION * AREA INCURRED * MUST REFLECT ADDRESS * BE SPECIFIC	PROGRAM

TOTAL MILEAGE _____ **@ .575 per mile = $**_____ **EXPENSE OTHER THAN MILEAGE** _____ **TOTAL TRAVEL EXPENSES $**_____

I certify that the statements and expenses are correct, reasonable and were incurred in the performance of MCAR.

EMPLOYEE SIGNATURE: _____ **SUPERVISOR'S SIGNATURE:**_____

Updated: 2/5/20