

YOUTH FOCUS TRAVEL AND EXPENSE REPORT

NAME: _____

MILEAGE

(Printed)

DATE	FROM	TO	PURPOSE OF TRIP	TOTAL MILES

This is a true and accurate statement of mileage incurred in the discharge of official duties.

TOTAL MILES

Employee Signature

Supervisor's Signature

MISCELLANEOUS EXPENSES - Please attach you receipt.

DATE PURCHASED	DESCRIPTION OF PURCHASE	COST

Employee Signature

Please attach your receipt.

Total to be reimbursed: \$ _____

Business Manager's Signature