

**EMPLOYEE EXPENSE REPORT  
TRAVEL EXPENSES**

AC 132-S-6JD-1

Attach Maps or Mileage Chart

Revised 01/2022

Employee Name :		Reason for Travel : <input type="checkbox"/> Routine <input type="checkbox"/> Training <input type="checkbox"/> Meeting		
Home Address:				
Street		City		Zip Code
Mileage Claimed:	@ 0.585 =	Hotel/Meals/Other	Total Claim:	

<b>Automobile Travel</b>					
Date	From:	To:	Start Time AM/PM	End Time AM/PM	Miles
<b>Total Miles</b>					

**Traveler's Certification:** I hereby certify that the above account and attached schedules are just, true and correct; that no part thereof has been paid, except as stated therein; that the balance therein stated is actually due and owing; and that the amounts claimed were necessary and incurred in the performance of my official duties.

\_\_\_\_\_

Signature
Title
Date

**Supervisor's Certification:** I certify that this account has been examined, and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

\_\_\_\_\_

Signature
Print Name
Date