

**CAP EMPLOYEE EXPENSE REPORT  
TRAVEL EXPENSES**

AC 132-S-6JD-1-CAP

Attach Maps or Mileage Chart

**Revised 07/01/2022**

Employee Name :		Reason for Travel : <input type="checkbox"/> Routine <input type="checkbox"/> Training <input type="checkbox"/> Meeting	
Home Address:			
Street		City	Zip Code
CAP Location:	Mileage Claimed:	@ 0.625 =	Total Claim:

Automobile Travel					
Date	From (Residence or CAP)	To: (Residence or CAP)	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 Special Counsel Title Date