

**FORM PAY003 - TRAVEL EXPENSE**

EMPLOYEE NAME: \_\_\_\_\_

DATE	PURPOSE/DESTINATION	ODOMETER BEGINNING	ODOMETER ENDING	TOTAL MILES	EXPENDITURES		
					CURRENT IRS RATE	PARKING	EXPENSE CODE
<b>PAGE TOTALS</b>							

I CERTIFY THIS FORM, THE AMOUNTS CLAIMED AND ATTACHMENTS ARE TRUE, CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT PAYMENT FOR THE AMOUNT CLAIMED HAS NOT BEEN RECEIVED FROM AEOA OR FROM ANY OTHER SOURCE

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**GRAND TOTAL OF ALL PAGES: \$** \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_