



EXPENSE REIMBURSEMENT VOUCHER



Employee Name: _____

Date(s) of Trip									Totals
Job Number									
Phase									
Travel Expenses:									
Hotel									\$0.00
Meals									\$0.00
Gas									\$0.00
Car Rental									\$0.00
Parking/Tolls									\$0.00
Office Supplies									\$0.00
Materials									\$0.00
Other(Please Explain Below)									\$0.00
Auto Parts/Maint.									\$0.00
Equipment Maint.									\$0.00
Fuel									\$0.00
Mileage	Miles	Rate							\$0.00
		\$0.725							\$0.00
Totals			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

I certify that these travel expenses were incurred by me in the transaction of authorized company business

Approval Signature: _____

Balance Due: _____

\$0.00

Explanation: _____