



# TRAVEL AND MISCELLANEOUS EXPENSE VOUCHER

Last Name		First Name		Department/Division Finance	
Travel and Associated Costs					
Date	Place (City and State, Franklin Location, Town Office, etc.)	Personal Vehicle Miles (Please attach Mapquest or equiv)	Lodging	Meals	
Mileage Rate					
Purpose of travel (Brief Summary):		Total Mileage	0	0.585	\$0.00
		Attach Tolls/Parking	0		
		Receipts Total Lodging	0		
		(required) Total Meals	0		
		TOTAL TRAVEL CLAIMED =			\$0.00
Dept. Acct. No.:					
REIMBURSABLE EXPENSES: Conference registration fees, miscellaneous minor purchases, emergency purchases for city, etc. Receipts MUST be attached.					
Date	Nature and Explanation	Account Number	Amount Claimed		
TOTAL REIMBURSABLE EXPENSES:					\$0.00
TOTAL TRAVEL EXPENSES:					\$0.00
TOTAL AMOUNT THIS VOUCHER:					\$0.00
I hereby claim the amount due me. Employee's Signature:		I certify that my entries on this form are correct. Date:			
Approved by Department Head: Signature: Date:		Approved by Finance Officer: Signature: Date:			