



TRAVEL AND MISCELLANEOUS EXPENSE VOUCHER

Last Name	First Name	Department/Division Finance
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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: _____
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Approved by Department Head: Signature: _____ Date: _____	Approved by Finance Officer: Signature: _____ Date: _____
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