WAYSIDE YOUTH & FAMILY SUPPORT NETWORK

Building Strength, Hope and Resiliency

EMPLOYEE TRAVEL EXPENSE SHEET

FY15

Page _____ OF _____
(Note: Record totals on page 1)

ADP Employee File #: _____
Program: _____
One Month Ending: _____
Department #: _____
Expense Category#: 7405
Monthly Total: $ _____

Employee Name **(Please Print):** _____
First Last

Date	Address Traveled From	Address Traveled to	R/T ??	Reason For Travel	Total Miles	Tolls & Parking
				Totals This Page:		$ -

_____ Total Miles × 0.450 Rate = $ -

Total tolls & parking: (Must have receipts) $ -

Page Total $ -

Employee's Signature

Program Director's Name (PRINT)

Program Director's Signature

VP Signature (if expenses exceed $500)

For Accounting Department use ONLY

Date Received: _____

Batch #: _____

Reference #: _____

Account #: 7405

Sub Account #: _____

Sub Account #: _____

Date Posted: _____