IMAGINE SUPPORTED LIVING SERVICES
LOCAL TRAVEL VOUCHER FORM

Employee: ___________________________ Month:_____________________________

Mileage sheets are due with your timesheet at the end of each month.
Please include the initials of the client you drove with and odometer readings (see examples below)

Date	*Time*	*Origin, Destination and Purpose of Trip*	*Client Initials*	Odometer Reading *Start*	*End*	*Miles Claimed*
1/1	2PM	Example: home-NobHill-home, shop (exact OD reading)	JD	**15340**	**15349**	**9**
1/1	2PM	Example: home-NobHill-home,shop (trip OD reading)	JD	**0.0**	**9.0**	**9**
					Total Miles=	

I hereby affirm that this travel voucher is accurate and complete. The travel expenses claimed were necesarry to the performance of my duties with the agency.

I understand that false statements on this voucher shall and will be grounds for my immediate dismissal.

______________________________ ______________
Signature Date

______________________________ ______________
Approving Supervisor Date