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)

			Client	Odometer Reading		Miles
Date	*Time*	*Origin, Destination and Purpose of Trip*	*Initials*	*Start*	*End*	*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 _____