

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		Miles Claimed
				Start	End	
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 necessary 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