

Institute of Community Services, Inc.

Local Travel Expense Statement

Name of Traveler _____ Vendor No. _____

Mailing Address of Traveler _____ City/State/Zip _____

Please circle the capacity in which you serve: Policy Council or Board

Date	Auto Odometer		Total Miles Claimed	Parking or Toll Booth	Points and Purpose of Travel
	Start	End			
					From _____ to _____ Back to _____ Purpose: Participation in Meeting/Data Sharing/Training
					From _____ to _____ Back to _____ Purpose: Participation in Meeting/Data Sharing/Training
					From _____ to _____ Back to _____ Purpose: Participation in Meeting/Data Sharing/Training
					From _____ to _____ Back to _____ Purpose: Participation in Meeting/Data Sharing/Training
Total Miles → x .485 per mile			= \$	Total Other	Total Mileage + Other =

I certify that this statement, including amounts claimed and attachments, is true to the best of my knowledge and belief, and that payment in the amount claimed has not been received.

Signature of Traveler Date

Director/Alternate Signature Date