Circle of Support, Inc.

MILEAGE LOG/EXPENSE VOUCHER SHEET

EMPLOYEE NAME: _____ MONTH/YEAR: _____

Date	Destination (From where to where)	Purpose (social activities, integration in the community, etc.)	Trip Miles	Parking Receipt	Total Amount

0.545 per mile (Effective 5/18)

Total Mileage for the Month: _____

Total Expense Amount: _____

_____ _____

Employee Signature Date

_____ _____

Supervisor's Approval Date

***Incomplete information and missing parking receipts may not be able to process the Expense Voucher.**

Updated: 1/2008; 12/2008; 1/2017; 6/2017; 04/18