LOCAL TRAVEL EXPENSE VOUCHER

ECONOMIC SECURITY CORPORATION OF SW AREA

Personal Car _____ (Check) Agency Auto(# or Description) _____

Date	Odometer Start	Odometer Finish	Miles	Per Diem	Destination	Activity	Program

I certify that the amount claimed is correct and complete.

Total Miles: _____ at .45 per mile _____

Total Per Diem: _____

EMPLOYEE SIGNATURE _____ Date: _____ Grand Total: $ _____

(Total must be entered on other side

SUPERVISOR'S SIGNATURE _____ Date: _____

Per Diem must be included here for any travel out of the four counties and less than 100 miles from the central office (when there is no overnight stay)

Actual cost of the meals will be reimbursed. The receipts must be attached to the form.