

**COMMUNITY ACTION OF ORLEANS & GENESEE
TRAVEL/EXPENSE STATEMENT**

NAME _____

MONTH	DAY	ODOMETER READING	TOTAL MILES	PURPOSE OF TRIP CLIENT NAME (IF APPLICABLE)	STARTING AND ENDING ADDRESS
		E			
		S			
		E			
		S			
		E			
		S			
		E			
		S			
		E			
		S			
		E			
		S			
		E			
		S			
		E			
		S			
		E			
		S			
		E			
		S			
TOTAL				MILES @ 0.50 PER MILE	
				OTHER EXPENSES	
				TOTAL AMOUNT CLAIMED	

I CERTIFY THAT THE AMOUNT CLAIMED AND ALL OTHER INFORMATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Employee Signature _____

Date _____

Supervisor Approval/Title _____

Date _____