Gulf Coast Social Services

Multiple Funds Travel Expense Voucher

*****PLEASE PRINT CLEARLY*****

Vendor ID: _____ Employee Name: _____ Region #: _____ Month/Year: _____

Dates of Travel From:_____ To:_____ **All expenses excluding mileage must have a receipt!**

OTHER EXPENSES				DISTRIBUTION TO FUNDS						
Date	Explanation	Amount	Tolls/ Parking	Total	#	#	#	#	#	#
	Total									
GROUND TRANSPORTATION TOTALS										
TOTAL ALL EXPENSES (include ground transportation & other expenses)										

TOTAL ACTUAL EXPENSES INCURRED		$_____
LESS TRAVEL ADVANCES		$_____
AMOUNT DUE TO		$_____
(Circle One)	EMPLOYEE	AGENCY

Comments:_____

_____

PAYEE/EMPLOYEE CERTIFICATION_____ Date_____

I certify that this expense voucher is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the agency and none of the expenses have been paid by the agency and that the full amount is justly due.

PROGRAM DIRECTOR CERTIFICATION_____ Date_____

I certify that the charges set forth on this expense voucher have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

REGIONAL DIRECTOR AUTHORIZATION_____ Date_____

REVISION (01/11 AP)

*****PLEASE PRINT CLEARLY*****

page_____of_____

Vendor ID: _____ Employee Name: _____ Region #: _____ Month/Year: _____

DATE	TIME		TERRITORY TRAVELED (show all points visited, address of location and client names if applicable)	ODOMETER		MILEAGE			MILEAGE DISTRIBUTION TO FUNDS					
	Depart	Arrive		Depart	Arrive	Total	(-Commute)	Net	#	#	#	#	#	#
TOTAL MILES														
AMOUNT (miles x 0.36)														

INSTRUCTIONS:

Complete one line of this form for each trip. If more space is needed, copy the mileage total from this page to the first line of the next page.

Transportation Expense (Local)- When a personal vehicle is used on Agency business, the program will reimburse the employee at the current approval rate.

BEGINNING AND ENDING ODOMETER READINGS ARE REQUIRED TO RECEIVE REIMBURSEMENT.

Mileage reimbursement is <u>not payable</u> for the miles you <u>commute</u> to or from work each day.

Attach receipts for parking and tolls. For parking at a meter, write "meter" on the form to explain that no receipt is available.

REVISION (01/11 AP)

Gulf Coast Social Services

Multiple Funds Travel Expense Voucher - Ground Transportation

*****PLEASE PRINT CLEARLY*****

Vendor ID: _____ Employee Name: _____ Region #: _____ Month/Year: _____

DATE	TIME		TERRITORY TRAVELED (show all points visited, address of location and client names if applicable)	ODOMETER		MILEAGE			MILEAGE DISTRIBUTION TO FUNDS					
	Depart	Arrive		Depart	Arrive	Total	(-Commute)	Net	#	#	#	#	#	#
TOTAL MILES														
AMOUNT (miles x 0.36)														

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*****PLEASE PRINT CLEARLY*****

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Vendor ID: _____ Employee Name: _____ Region #: _____ Month/Year: _____

DATE	TIME		TERRITORY TRAVELED (show all points visited, address of location and client names if applicable)	ODOMETER		MILEAGE			MILEAGE DISTRIBUTION TO FUNDS					
	Depart	Arrive		Depart	Arrive	Total	(-Commute)	Net	#	#	#	#	#	#
TOTAL MILES														
AMOUNT (miles x 0.36)														

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