TRAVEL EXPENSE VOUCHER- Please fill in this form if you have used your car for ACTS Business

NAME: DATE:

PROGRAM: MONTH:

DATE	TOTAL MILEAGE	MILEAGE X .35 PER MILE	DESTINATION- PURPOSE FOR TRAVEL
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	

TOTAL MILEAGE 0

MILEAGE X .35 PER MILE 0

EMPLOYEE SIGNATURE

PROGRAM DIRECTOR

EXECUTIVE DIRECTOR
(Program Directors Only)