

VEHICLE EXPENSE REPORT

YOUR EMPLOYMENT COUNSELOR'S NAME: _____

Name: _____, request reimbursement for vehicle expenses. I am aware that the money I receive from this Vehicle Expense Report is to be used for gasoline, oil, tires, registration fees, insurance, repairs and other automobile expenses.

To and From: _____

To and From: _____

To and From: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATE							
MILES							
DATE							
MILES							
DATE							
MILES							
DATE							
MILES							
DATE							
MILES							

THIS IS A TRUE AND ACCURATE REPORT OF MILEAGE FOR THE PERIOD INDICATED.

NAME (Print) _____

SIGNATURE _____

BUS PASS REQUESTED _____