

THE ARC OF CARROLL COUNTY
TRAVEL EXPENSES

EMPLOYEE NAME: _____

Client Name (one client per expense report):							Project # (Accounting dept use):			
				Automobile (5150)			Activities & Meals (5400)		Other	
Date	From	To	Purpose	Miles	Tolls (\$) *	Parking (\$) *	Location	\$\$ *	Description	\$\$ *
1										
2										
3										
4										
5										
6										
7										
8										
9										
				TOTAL MILES						
				eff 7/1/10	reimbursement rate	x 0.40				
				Subtotal Costs						
				TOTALS	AUTO					

* Attach receipts and other valid authorization for expenditure.

SUBMIT TRAVEL EXPENSES AT LEAST MONTHLY,
WEEKLY IS PREFERRED. ANY RECEIPT NOT SUBMITTED WITHIN 30 DAYS MAY BE DENIED.
MAXIMUM TIP REIMBURSEMENT IS 18%.

Signed: _____
Staff Signature Date

Approved _____
Department Director Date

Approved _____
Executive Director Date