



TRAVEL EXPENSE REIMBURSEMENT VOUCHER

**DUE BY NOON EVERY MONDAY
TO: PAYROLL DEPARTMENT**

Employee Name: _____

Payroll W/E Date: _____

DAY	MILES (One Way)	PROJECT	MEALS
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
SUBTOTAL			
RATE			
TOTAL			

Employee Signature

Authorizing Supervisor Signature

1. **Employees who travel more than 75 miles from Main Office qualify for Mileage.**
2. **Employees who travel out of town and stay overnight at a Jobsite are granted a meal. Pending they have working hours and do not receive miles as well.**