APPENDIX E: PERSONAL VEHICLE TRAVEL RECORD

EMPLOYEE _____ TITLE _____

AGENCY _____DEPARTMENT _____

PURPOSE OF TRAVEL _____

_____

_____

DATE	START POINT/ STARTING ODOMETER READING	END POINT/ ENDING ODOMETER READING	TOTAL MILES	MILEAGE RATE	REIMBURSABLE AMOUNT[1]
		TOTALS			

I hereby certify that the travel indicated was a necessary and valid business expense.

Employee Signature_____ **Date** _____

[1] Note: These daily totals should be included on a *Personal Expense Reimbursement Request*.