Community Services of Northeast Texas

Travel Expense Statement for: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zipcode: _____
mailing

Departure Date	Departure Hour	Odometer Reading	Points of Travel	Arrival Date	Arrival Hour	Odometer Reading	Mileage	Mileage Rate	Trip Total	Purpose
								0.430	0.00	
								0.430	0.00	
								0.430	0.00	
								0.430	0.00	
								0.430	0.00	
								0.430	0.00	
								0.430	0.00	
								0.430	0.00	
								0.430	0.00	
								0.430	0.00	
Total Mileage Reimbursement									0.00	

Program: _____

_____ _____

Employee Signature Date Supervisor Signature Date

_____ _____

Director Signature Date Checked By Date

Revision Date: 7/14/2011