Washita Valley Community Action Council

Travel Claim

Month/Year: _____ Name: _____

Position: _____ Address: _____

Home Office: _____ City,_____State, _____Zip_____

Date	Town Visited	Purpose of Visit Person, Project, Reason	Beginning Odometer Reading	Ending Odometer Reading	Total Miles

_____
Employee Signature

_____
Approval

Rate per mile: _____
Toll Tickets: _____
Other: _____
Total Amount: _____

Total Miles: _____
Check #: _____
Date Paid: _____

Claim must be completed in ink. Please do not use correction fluid (white-out). Turn into the office by the 5th of each month to the Financial Office.