

**CHILD & FAMILY DEVELOPMENT PROGRAMS**  
Travel Expense Statement

TRAVEL EXPENSE STATEMENT FOR THE MONTH OF: \_\_\_\_\_

DATE	TOTAL MILES	MEAL REIMB	OTHER	DESTINATION FROM	TO	PURPOSE OF TRIP

**\* To Claim Mileage For a Department You Must Also Have Hours Worked in That Dept.**

Enter Total Miles, Meals and Other Expenses per Program Department

PROGRAM	#MILES	MEALS	OTHER
PROGRAM	#MILES	MEALS	OTHER
PROGRAM	#MILES	MEALS	OTHER
PROGRAM	#MILES	MEALS	OTHER
PROGRAM	#MILES	MEALS	OTHER

I Certify this Claim Is True and Correct and Expenses Were Incurred in Connection with My Required Duties.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name *(please print)*

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Address