STATEMENT OF TRAVEL PERFORMED WITH
PERSONALLY OWNED MOTOR VEHICLE

Name:
Address:

I certify that the travel indicated below is correct to the best of my knowledge.

_____

Employee Sign Here

Between What Points? _____ RT = Round Trip

Date	From	To	Departure	Arrival	Actual Miles Traveled
				Total	
				Amount	

Invoice #	Date	Amount	Vendor	Fund	Dept	Object	Program	Function Code	PTL	P.O. #	Reference /Description

Supervisor Signature: _____ Date: _____

PAYMENT FOR GOODS AND SERVICES WILL NOT BE MADE UNLESS INVOICE IS RENDERED ON THIS FORM.
INVOICES MUST BE FILLO OUT IN DUPLICATE.

ORIGINAL INVOICE