ADVANCE COACHING & TRAINING
STAFF TRAVEL REIMBURSEMENT REQUEST

Office Use Only
Date Rec'd _____
$ Amount _____

Employee Name _____

Travel Month and Year _____

NOTE: Mail or Fax Staff Travel sheets to the office by the 10th of the month following the travel month. Receipts must be attached for toll or parking reimbursement.

Please indicate by putting "X" in the last column if your client took the trip with you. Indicate client name as in sample.

Please give both addresses in "Location" columns. See Sample Line. Thank you!

Date	Location: From	Location: To	Reason (Client)	Round Trip (√)	Miles Traveled	Client Trip (X)
22	15 W. High St., Ballston Spa	222 Malta Ave., Malta	Grocery Shopping J. Doe	X	12	X

		Total Miles	
Total Page 1 _____		Rate Per Mile	X 0.485
Total Page 2 _____		Total Mileage $	=
Total Page 3 _____		Tolls	+
Total Page 4 _____		Parking	+
Grand Total To Pay _____		Total Travel $ This Page Only	=

Staff Signature: _____

Supervisor Signature: _____

By signing, Supervisor acknowledges verification and approval of travel mileage, tolls, and/or parking as listed above.