

**CITY OF MISHAWAKA / MISHAWAKA UTILITIES**  
**Travel and Expense Voucher**

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Week Ending: \_\_\_\_\_

- Instructions: 1. Original, itemized receipts must be attached for all lodging, transportation, meals, etc.  
 2. This form must be approved by Department Head.  
 3. Attach a signed Claim Form.

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Date								
Traveled from								
Departure time								
Traveled to								
Arrival time								
Purpose								
Begin odometer								
Ending odometer								
Miles driven								
IRS reimbursement								
Tolls								
Parking								
Fuel								
Taxi/Limo/Shuttle								
Car Rental								
Breakfast								
Lunch								
Dinner								
Registration Fee								
Lodging								
Telephone/Fax								
Other (explain)								
<b>TOTAL</b>								

APPROVED:

EMPLOYEE SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_