

Essex Place 6393 Oak Tree Blvd. S, Suite 300 Independence, OH 44131 FAX (216) 524-3683

Mileage and Phone Expense Form

Name _____

Month _____ Year _____

Street, City, Zip _____

Day Phone _____

Please list all travel for the month on this sheet. If you have trips that include parking, tolls, etc. - receipts must be attached.

Verify all totals including summary totals on an adding machine - REMEMBER to attach All Receipts

[illegible]

Summary for report:

Total of _____ miles @ 54 cents per mile.....

Total of other expenses incurred.....

Total Travel Expenses _____

Administrator's Phone Reimbursement (only if in contract) - Must Include Copy of Bill

Bill Coverages Dates:	From:	To	\$
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Total Phone Expense

Total Reimbursement Due

I hereby certify that the above is a true and exact copy of my expenses. I have attached the necessary documentation.

Signature _____

Supervisor: _____

Date _____

Date _____