



EMPLOYEE TRAVEL LOG

elitessinc@yahoo.com

FAX (208) 378-1358

EMPLOYEE NAME: _____

***Employees are responsible to keep all receipts for expenses.**

DAY	DATE	FACILITY	MILEAGE			MILEAGE (total)	LODGING Y / N	MEALS Y / N	EMPLOYEE INITIALS
			Odometer Start	Odometer Finish	To & From				
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									

EMPLOYEE SIGNATURE: _____

DATE: _____

SUBTOTAL				TOTAL EXPENSES
	x 0.55	x 77.00	x 46.00	
TOTAL				