



EMPLOYEE TRAVEL LOG

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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									

TOTAL				
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EMPLOYEE SIGNATURE: _____

DATE: _____