

THE CITY OF BROCKTON

TRAVEL EXPENSE VOUCHER

NAME OF EMPLOYEE DATE
(Type or Print)

ADDRESS DEPARTMENT

SOCIAL SECURITY # PERIOD COVERED FROM TO

NOTE: See Reverse Side for Instructions and Regulations. NO FEDERAL TAXES WILL BE ALLOWED.

Table with columns: Date, DESCRIPTION, ODOMETER (Beginning, Ending), PRIVATE Auto Mileage (Miles, Amount), Fares, Hotel, Meals, Other Travel Expenses, Total Expense.

TOTALS \$

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, and were incurred by me during necessary travel in the service of the City of Brockton.

I hereby certify under penalty of perjury that the items listed hereon were examined and are in conformity with the regulations. Payment is hereby authorized and is properly chargeable to the appropriation designated above.

Signed
Traveler

Signed
Department Head or Authorized Agent

