## Franklin County Government - Monthly Travel Log

Ven#	
Inv#	

Department Expense Line:

Employee Name:

Month/Year of Travel:

Mo/Day	Beginning Location	Time Left	Beginning Mileage (Last 3 digits)	Location Arrived	Time Arrived	Ending Mileage (Last 3 digits)	Purpose of Travel	Total Miles	Other Cost Receipts Attached	Sub-Total
Address of Claimant:			Comments:					Total Due Employee		
								Amount Verified: Please Initial		
I He	reby Certify That This Claim	is True ar	nd Correct:							
			Signature of Claimant		Date	Signature of Supervisor		Date		