ECHO Joint Agreement

TRAVEL REIMBURSEMENT FORM

NAME_____DATE_____

I CERTIFY THAT THE FOLLOWING ACCOUNTS ARE CORRECT AND JUST AND THE EXPENSES WERE OCCASIONED BY OFFICIAL BUSINESS BY THE SHORTEST ROUTE USUALLY TRAVELED, AND THAT I HAVE NOT BEEN FURNISHED WITH TRANSPORTATION OR MONEY IN LIEU THEREOF, FOR ANY PART.

SIGNATURE_____

ALL TRAVEL VOUCHERS MUST ARRIVE IN THE BUSINESS OFFICE NO LATER THAN THE 3RD OF EACH MONTH TO RECEIVE PAYMENT AT THE END OF THE SAME MONTH.

DATE	LOCATION DEPARTED FROM	LOCATION ARRIVED AT	MILES

MISC. EXPENSES (TOLLS, ETC)
RECEIPTS MUST BE ATTACHED

_____
_____

Total Miles_____
X .50 _____
Total Misc._____

TOTAL AMT DUE_____

Program_____ Account Number_____

Administrator Signature_____Date_____

Business Mgr Signature_____Date_____

DATE	LOCATION DEPARTED FROM	LOCATION ARRIVED AT	MILES
		Total	.