VALLEY CAP
LOCAL TRAVEL EXPENSE

Date of Trip	Beginning & Ending Odometer	Total Miles	Origin-Destination (include street & address)	Purpose of Trip	Total Cost

TOTAL AMOUNT CLAIMED $
PROGRAM NUMBER:

I certify that this statement, the amounts claimed and attachments are true, correct, and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

Date: _____Name for traveler: _____
Please Print

Signature of traveler: _____

Date: _____ Approved by: _____

Amount paid: $ _____ Date paid: _____Check no._____