Tri-County Opportunities Council
405 Emmons Avenue, P.O. Box 610
Rock Falls, IL 61071
815/625-7830

TRAVEL RECORD

Date	From	To	Purpose of Travel	Beginning Odometer	Ending Odometer	Total Miles

TOTAL MILES _____

TOTAL MILES TRAVELED: _____ at $.50 per mile = $ _____

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 previously received.

Date: _____ Employee Signature: _____

Employee Name (*please print*): _____

Date: _____ Project Director: _____

Date Paid: _____ Check Number: _____ Fund: _____ G/L: _____