



**COMMISSION ON ECONOMIC OPPORTUNITY
for the Greater Capital Region, Inc
LOCAL EXPENSE STATEMENT**

PLEASE PRINT.

NAME - (LAST, FIRST): _____

EMPLOYEE ID#: _____

PROGRAM: _____

Form to be submitted with first timesheet following travel dates

DATE	TRAVEL DESTINATION FROM	TO	PURPOSE OF TRAVEL	ODOMETER START	ODOMETER FINISH	# OF MILES	TOLLS/ PARKING	TOTAL

*Mileage to be billed out at a rate of \$0.545 per mile TOTAL

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

Employee: _____

Date: _____

Supervisor: _____

Date: _____