EXPENSE LOG for Invoice #_____

Vendor Name_____   **OVR Employee Name**_____

Date	Time Begin	Time End	Hours	Purpose of Travel	Odometer Start	Odometer Finish	Mileage

Note: Time must be calculated in increments of 15 minutes, i.e. 1 hour 15 minutes would be 1.25
Notes: All trips are considered to be round trips unless otherwise noted.   **Total Hours**_____   **Total Miles**_____

Pick Up County/Hourly Rate _____   **Total Hourly Reimbursement**_____   **(Line item #1)**

                                                                                             Mileage Reimbursement Rate_____

                                                                                             Total Mileage Reimbursement_____

Tolls_____   **Parking**_____   **Meals**_____   **Lodging**_____   **+**
                                                                                             Total Misc. Expenses_____

                               Receipts Attached?_____   **Total (Line item #2)** _____