OVR-140
5/10

Print Form

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

Note: 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)** _____