REGIONAL EDUCATION SERVICE AGENCY 4

EMPLOYEE MONTHLY SUMMARY OF TRAVEL EXPENSES

EMPLOYEE _____

ACCOUNT NUMBER _____

DATE	COSTS
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

GRAND TOTAL $_____

USE THIS FORM TO COMPILE TOTAL MONTHLY TRAVEL EXPENSES.

STAPLE TO FRONT OF INDIVIDUAL EMPLOYEE TRAVEL EXPENSE ACCOUNT SETTLEMENT FORMS AND TURN IN TO THE EXECUTIVE DIRECTOR ON THE LAST DAY OF EACH CALENDAR MONTH.

REVISED 6/30/04