COUNTY OF ERIE

Local Travel Expense Statement

Name _____ Department _____ Account Number _____

Date	Travel Points	Purpose	Odometer Reading Beginning and End		Total Mileage	x_____ per mile	Total Expense
	From:						
	To:						
	From:						
	To:						
	From:						
	To:						
	From:						
	To:						
	From:						
	To:						
	From:						
	To:						
	From:						
	To:						
	From:						
	To:						

_____

Traveler and Date Department Head and Date