STATEMENT OF TRAVEL

NAME: _____ DATE: _____

TRAVEL PERIOD FROM: _____ TO: _____ POLICY #: _____

DATE	TO	FROM	MILES	REASON FOR TRAVEL

TOTAL MILES: _____ RATE: _____ TOTAL AMOUNT: _____

_____
DEPARTMENT ACCOUNT NUMBER

_____
EMPLOYEE SIGNATURE

_____
DEPARTMENT HEAD

_____
UTAH COUNTY COMMISSION