

Westchester Community Opportunity Program, Inc.

BUSINESS TRAVEL AND EXPENSE REIMBURSEMENT FORM

Name of Employee: _____
Print or Type

Component: _____

Date	Purpose of Trip (To/From) or Explanation of Expense	Charge To	Mileage @ \$0.45 per mile	Mile Costs	Other Costs	Total Costs
Totals:						\$0.00

Employee Signature: _____

Approved by: _____
Coordinator

Authorized by: _____
Fiscal Director