COMMUTER PARKING & TOLL EXPENSE LOG

Monthly Reimbursement & Record Sheet

Employee Name:		**Employee ID:**	
Department:		**Period (Month/Year):**	
Manager/Approver:		**Submission Date:**	

DATE	DESTINATION / PURPOSE OF TRAVEL	PARKING LOCATION / TOLL NAME	PARKING COST	TOLL COST	PAYMENT METHOD

Total Parking:	
Total Tolls:	
Grand Total:	

Employee Signature & Date

Authorized Approver Signature & Date