PARKING & TOLL FEE TRAVEL LOG

Employee Name: _____

Department: _____

Period From: _____

Period To: _____

Vehicle Plate No: _____

Manager/Approver: _____

Date	Destination / Purpose	Toll Fees		Parking Fees		Receipt / Ref No.	Total Amount
		Location / Plaza	Amount	Location / Lot	Amount		

Total Tolls	
Total Parking	
Grand Total	

_____

Employee Signature Date

_____

Authorised Approver Signature Date