TRANSIT TOLLS & PARKING COSTS LEDGER

Expense Claim & Activity Record

Employee Name:

Department:

Period/Month:

Vehicle License Plate:

DATE	PURPOSE / BUSINESS TRIP DESCRIPTION	ROUTE / LOCATION DETAILS	TOLL COST	PARKING COST	PAYMENT METHOD	RECEIPT

Total Tolls	
Total Parking	
Grand Total	

Employee Signature / Date

Approver Signature / Date