EMPLOYEE BUS AND TRAIN FARE LOG

Public Transportation Expense Report

Employee Name:
Department:
Employee ID:
Period / Month:
Manager / Approver:
Submission Date:

DATE	MODE (BUS/TRAIN)	ORIGIN (FROM)	DESTINATION (TO)	BUSINESS PURPOSE	FARE AMOUNT	RECEIPT
				Total Reimbursement Claim:		

Employee Signature & Date

Manager Signature & Date