VEHICLE PARKING & TOLLWAY EXPENSE SHEET

Employee Name: _____

Department: _____

Period From/To: _____

Vehicle License Plate: _____

Date	Destination / Purpose	Tollway / Plaza Name	Toll Fee ($)	Parking Location	Parking ($)	Receipt
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
		Subtotals:		**Subtotal:**		
				GRAND TOTAL CLAIM AMOUNT:		

Employee Signature

Date: _____

Approver Signature

Date: _____