City of Fayetteville
Local Travel Expense Report

Name: _____ Department: _____
Position/Title: _____ Period From _____ To: _____

Date of Trip	Location			Odometer Reading			Miles
	From	To		Beginning	Ending		Traveled
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0

Date submitted:	Total Miles: 0
Employee Signature:	Amount reimbursed: $ -
Department Head Signature:	Remarks:
	Account #: