



TRAVEL INCURRED 01/01/2023 - 12/31/2023

ECHO LT EXPENSE REQUEST FORM					
Name	Assignment Location				
Address	Assignment Dates				
City, State, Zip					
Phone Number					
<input type="checkbox"/> Change of address?					
EXPENSE RECORD ***RECEIPTS MUST ACCOMPANY FORM***					
Date	Vendor Paid	Detailed Description			Amount
TOTAL AMOUNT DUE:				Subtotal-Expenses	-
MILEAGE RECORD-- IRS REQUIRES ODOMETER READINGS OR GOOGLMAPS FOR MILEAGE					
Date	Point of Origin	Destination	Beginning Odometer Reading	Ending Odometer Reading	Total Miles
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
TOTAL AMOUNT DUE (total miles x \$.655):				Subtotal-Mileage	-
				0.655	-

Total expenses + mileage -

Physician Signature

Date