



# ELECTION TIME AND EXPENSE REPORT

FOR USE BY CLERK OF COURT, REGISTRAR OF VOTERS, AND PARISH BOARD OF ELECTIONS SUPERVISORS

Date: \_\_\_\_\_

Payee's Name: *		Payee's Parish: *	
Payee's Title: *		Payee's SSN #: *	
Payee's Address: *			
	<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>
Payee Start Date: *		Was Payee Employed After March 31, 1986?	Is Payee a Member of the COC Retirement System?
Payee Type: *		Parish Board of Election Supervisor Type:	
Employer's Name: *		Employer's Phone #: *	
Employer's Address: *			
	<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>

### Time Ledger

Date	Time-In	Time-Out	Total Hours	Hours		Duties Performed
				Regular	Overtime	
<b>Total:</b>						

### Flat Rate Pay Ledger

Rate per Day/Event	# of Days/Locations	Dates	Total	Duties Performed

### Travel Ledger

DATE	HOUR		ODOMETER READING		MILES TRAVELED	TERRITORY TRAVELED (SHOW ALL POINTS VISITED)
	DEP.	ARR.	DEP.	ARR.		
<b>TOTAL MILES TRAVEL:</b>						

By my Signature below, I certify that the information on this form is accurate and true.

<p style="font-size: 1.5em; margin: 0;">X</p> <p style="border-top: 1px solid black; margin: 5px 0 0 0;">Payee Signature *</p>	<p style="border-top: 1px solid black; margin: 0 0 0 0;">PRINTED NAME *</p>
<p style="font-size: 1.5em; margin: 0;">X</p> <p style="border-top: 1px solid black; margin: 5px 0 0 0;">Approving Authority *</p>	<p style="border-top: 1px solid black; margin: 0 0 0 0;">PRINTED NAME *</p>

#### ACCOUNTING USE

EMPLOYEE'S RATE OF PAY: _____		EMPLOYEE'S OVERTIME RATE OF PAY: _____	
@REGULAR HOURS: _____		TOTAL REGULAR: _____	
@OVERTIME HOURS: _____		TOTAL OVERTIME: _____	
TOTAL MILES TRAVELED @ _____	TOTAL MI: _____	FLAT RATE PAY: _____	
<b>SUBTOTAL:</b> _____			
PAY AMOUNT SUBJECT TO FICA: _____		PAY AMOUNT SUBJECT TO MEDICARE: _____	
FICA: _____		MEDICARE: _____	
(Grand Total = Subtotal + FICA & Medicare + Total Amount for Travel Miles) <b>GRAND TOTAL:</b> _____			