MILEAGE EXPENSE SHEET

PERIOD / MONTH

EMPLOYEE NAME

DEPARTMENT

EMPLOYEE ID

MANAGER / APPROVER

VEHICLE MAKE/MODEL

LICENSE PLATE NO.

DATE	ORIGIN / STARTING POINT	DESTINATION	PURPOSE OF TRIP	START ODO	END ODO	TOTAL DIST.

Total Distance	
Rate per Mile/KM	
Total Reimbursement	

EMPLOYEE SIGNATURE

Date: _____

MANAGER SIGNATURE

Date: _____