

# MILEAGE REIMBURSEMENT

Expense Claim Form

EMPLOYEE NAME

DEPARTMENT

CLAIM PERIOD

MANAGER / APPROVER

VEHICLE MAKE/MODEL

REIMBURSEMENT RATE

| Date                       | Purpose of Trip / Description | Origin | Destination | Start Odometer | End Odometer | Total Miles | Total (\$) |
|----------------------------|-------------------------------|--------|-------------|----------------|--------------|-------------|------------|
|                            |                               |        |             |                |              |             |            |
|                            |                               |        |             |                |              |             |            |
|                            |                               |        |             |                |              |             |            |
|                            |                               |        |             |                |              |             |            |
|                            |                               |        |             |                |              |             |            |
|                            |                               |        |             |                |              |             |            |
|                            |                               |        |             |                |              |             |            |
|                            |                               |        |             |                |              |             |            |
|                            |                               |        |             |                |              |             |            |
| Total Reimbursement Claim: |                               |        |             |                |              |             |            |

EMPLOYEE SIGNATURE & DATE

AUTHORIZED APPROVER SIGNATURE & DATE