MONTHLY TRAVEL & MILEAGE CLAIM

Expense Template

Employee Name: _____

Department: _____

Month / Year: _____

Manager / Approver: _____

Vehicle Make & Model: _____

Engine Capacity (cc): _____

Registration Number: _____

Mileage Rate: _____

DATE	REASON FOR JOURNEY / BUSINESS PURPOSE	FROM	TO	ODOMETER START	ODOMETER END	TOTAL MILES	TOLLS / PARKING	TOTAL COST
Totals:								

Notes / Explanations:

Total Mileage Claim:	
Total Tolls & Parking:	
Other Expenses:	
Total Reimbursement:	

Claimant Signature
Date

Authorised Signature
Date