CLIENT VISIT MILEAGE REIMBURSEMENT FORM

Expense Report & Log

Employee Name:

Department:

Manager Name:

Submission Date:

Vehicle Make/Model:

License Plate:

Date	Client & Location Visited	Purpose of Visit	Odometer Start	Odometer End	Total Miles

Total Miles:	
Reimbursement Rate:	
Total Amount Due:	

Employee Signature Date

Manager Signature Date