MILEAGE REIMBURSEMENT

Employee Expense Report

Employee Name: _____

Employee ID: _____

Department: _____

Manager / Approver: _____

Period Start Date: _____

Period End Date: _____

Standard Mileage Rate for Period: **$** _____ / mile
Vehicle Description: _____

DATE	PURPOSE OF TRIP / DESCRIPTION	ORIGIN	DESTINATION	ODOMETER START	ODOMETER END	TOTAL MILES	TOLLS / PARKING ($)	TOTAL REIMBURSEMENT
					Totals:			

_____

Employee Signature Date

_____

Authorized Approver Signature Date