

# EMPLOYEE PERSONAL VEHICLE MILEAGE CLAIM SHEET

EMPLOYEE NAME

DEPARTMENT

VEHICLE MAKE/MODEL

PERIOD/MONTH

EMPLOYEE ID

LICENSE PLATE NO.

DATE	FROM (LOCATION)	TO (LOCATION)	PURPOSE OF TRIP	ODO. START	ODO. END	TOTAL MILES
Total Mileage Claimed						
Reimbursement Rate Per Mile						
Total Reimbursement Due						

EMPLOYEE SIGNATURE

DATE

AUTHORIZING SIGNATURE

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DATE