

ANNUAL MILEAGE EXPENSE SUMMARY

Standard Mileage Rate Method

Employee Name:

Calendar Year:

Department:

Vehicle Make/Model:

Employee ID:

License Plate No:

January

February

March

April

May

June

July

August

September

October

November

December

TOTALS

Total Business Miles:

Standard Rate per Mile:

Mileage Subtotal (\$):

Total Parking & Tolls (\$):

Grand Total Due (\$):

Employee Signature

Date:

Authorizing Signature

Date: