

TRAVEL & MILEAGE EXPENSE REPORT

Corporate Reimbursement Claim Form

EMPLOYEE NAME
REPORT DATE
DEPARTMENT
PERIOD FROM / TO
JOB TITLE
MANAGER / APPROVER

1. TRAVEL & INCIDENTALS EXPENSES

DATE	CATEGORY (HOTEL, AIR, MEAL, ETC.)	DESCRIPTION / BUSINESS PURPOSE	RECEIPT?	AMOUNT
Total Travel Expenses:				

2. MILEAGE LOG & CLAIMS

DATE	ORIGIN	DESTINATION	BUSINESS PURPOSE	ODOMETER START/END	TOTAL MILES	AMOUNT
Total Mileage (Rate: / mile):						

SIGNATURES & AUTHORIZATIONS

EMPLOYEE SIGNATURE

DATE

MANAGER APPROVED BY _____

DATE _____

REIMBURSEMENT SUMMARY

Total Travel Expenses	
Total Mileage Amount	
Less: Cash Advance / Prepaid	
TOTAL REIMBURSEMENT	