

DRIVER GAS & MILEAGE REIMBURSEMENT

Expense Claim Form

DRIVER NAME

EMPLOYEE / DRIVER ID

VEHICLE MAKE & MODEL

LICENSE PLATE NUMBER

PERIOD START DATE

PERIOD END DATE

Total Mileage

Reimbursement Rate (\$/mi)

Mileage Reimbursement

Total Gas Receipts

Total Tolls & Other

DRIVER SIGNATURE DATE

APPROVER SIGNATURE DATE