CLIENT SITE VISIT MILEAGE LOG

Expense Reimbursement & Travel Record

Employee Name:

Department:

Period Start Date:

Period End Date:

Vehicle Make/Model:

License Plate No:

Date	Client Name / Project	Purpose of Visit	Starting Location	Destination Location	Start Odo	End Odo	Total Miles

Total Miles Claimed	
Reimbursement Rate (per mile)	
Total Reimbursement Due	

EMPLOYEE SIGNATURE

DATE

MANAGER / APPROVER SIGNATURE

DATE