

# CORPORATE FLEET MILEAGE EXPENSE CLAIM FORM

Please complete all details clearly and attach supporting fuel receipts if applicable.

## CLAIMANT INFORMATION

Employee Name

Employee ID

Department

Manager / Approver

## VEHICLE INFORMATION

Vehicle Make/Model

License Plate No.

Fleet Card Number

## MILEAGE LOG

DATE	TRIP PURPOSE & DESTINATION (FROM / TO)	ODOMETER START	ODOMETER END	TOTAL MILES / KM	RATE (\$)	TOTAL AMOUNT (\$)

Total Mileage Claimed

Total Reimbursement Due

## AUTHORIZATIONS & APPROVALS

Employee Signature Date

Authorized Approver Signature Date