

VEHICLE MILEAGE REIMBURSEMENT LOG

Fleet Operations & Expense Claims

Driver Name:

Department:

Employee ID:

Claim Period:

Vehicle Make/Model:

License Plate No:

Fleet Vehicle ID:

Reimbursement Rate:

DATE	ORIGIN	DESTINATION	PURPOSE OF BUSINESS TRIP	ODOMETER START	ODOMETER END	TOTAL MILES	APPROVED
Total Mileage for Period:							
Total Reimbursement Claimed (\$):							

Driver Signature

Date: _____

Manager / Approver Signature

Date: _____