COMPANY CAR MILEAGE EXPENSE FORM

Mileage Reimbursement Claim

Employee Name:

Department:

Employee ID:

Period From:

Period To:

Vehicle Plate No:

Date	Destination & Purpose of Trip	Odometer Start	Odometer End	Total Miles/KM	Notes

Total Mileage	
Reimbursement Rate	
Total Claim Amount	

Employee Signature

Date:

Manager / Approver Signature

Date: