DAILY FLEET VEHICLE EXPENSE REIMBURSEMENT

Fleet Vehicle Management Division

Form No:

Date:

DRIVER & VEHICLE INFORMATION

DRIVER FULL NAME

EMPLOYEE ID

VEHICLE LICENSE PLATE

VEHICLE MAKE/MODEL

DEPARTMENT

TRIP & MILEAGE LOG

ODOMETER START

ODOMETER END

TOTAL DAILY MILEAGE

EXPENSE ITEMIZATION

Total Reimbursement Claimed:

DRIVER SIGNATURE & DATE

FLEET MANAGER / APPROVER SIGNATURE & DATE