

Employee Commute and Travel Payroll Reimbursement Sheet

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<b>Employee Name:</b>		<b>Employee ID:</b>	
<b>Department:</b>		<b>Job Title:</b>	
<b>Pay Period:</b>		<b>Manager/Supervisor:</b>	

DATE	DESTINATION & PURPOSE OF TRAVEL	TRANSPORT MODE	DISTANCE (MILES/KM)	MILEAGE RATE	FUEL COSTS	TOLLS & PARKING	TOTAL EXPENSE

<b>Total Mileage Reimbursement Amount:</b>	
<b>Total Other Travel Costs (Fuel, Tolls, Parking):</b>	
<b>Total Reimbursement Amount to be Processed:</b>	

\_\_\_\_\_  
**Employee Signature**  
 Date: \_\_\_\_\_

\_\_\_\_\_  
**Manager/Supervisor Signature**  
 Date: \_\_\_\_\_

\_\_\_\_\_  
**HR / Payroll Approval**  
 Date: \_\_\_\_\_