

MONTHLY BUSINESS MILEAGE EXPENSE TRACKER

Employee Name:

Department:

Month & Year:

Vehicle Make/Model:

License Plate No:

Approved Mileage Rate:

Date	Destination & Purpose of Trip	Odometer Start	Odometer End	Total Miles	Rate	Total Claim

Total Miles Claimed	
Reimbursement Rate	
Total Amount Due	

Employee Signature

Date: _____

Manager Signature

Date: _____