# MOVING EXPENSE MILEAGE LOG

Travel Reimbursement Spreadsheet

**Employee Name:** _____

**Relocation ID / Ref:** _____

**Departure Date:** _____

**Arrival Date:** _____

**Origin Address:** _____

**Destination Address:** _____

| Date | Trip Origin & Destination | Purpose of Trip | Odometer Start | Odometer End | Total Miles | Reimbursement |
|---|---|---|---|---|---|---|
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| | | | | | | |
| **Total** | | | | | | |

**Standard Mileage Rate for Moving:** $_____ per mile.

_____

Claimant Signature

_____

Authorized Approver Signature