PRIVATE VEHICLE MILEAGE REIMBURSEMENT

EMPLOYEE NAME

DEPARTMENT / COST CENTER

VEHICLE MAKE & MODEL

ENGINE CAPACITY (CC) / FUEL TYPE

CLAIM PERIOD START DATE

CLAIM PERIOD END DATE

Standard Mileage Rate:

Total Business Distance

Reimbursement Rate

Total Reimbursement Claim

EMPLOYEE SIGNATURE & DATE

AUTHORIZED APPROVER SIGNATURE & DATE