

TRAVEL & MILEAGE CLAIM

Claim No: _____

Date: _____

Employee Name

Department

Manager / Approver

Purpose of Travel

MILEAGE LOG

Date	Origin / Destination	Purpose of Trip	Odometer Start	Odometer End	Total Miles	Rate	Total
Total Mileage Expenses							

TRAVEL EXPENSES (AIR, LODGING, MEALS, ETC.)

Date	Category (e.g. Hotel, Flight, Meal)	Description / Details	Receipt (Y/N)	Amount
Total Travel Expenses				

Total Mileage Claim	
Total Travel Claim	
Grand Total Claim	

Employee Signature

Date: _____

Authorized Approver Signature

Date: _____

