

VEHICLE EXPENSE & MILEAGE

Reimbursement Claim Form

EMPLOYEE NAME:

DEPARTMENT:

CLAIM PERIOD:

SUPERVISOR:

VEHICLE

MAKE/MODEL:

LICENSE PLATE:

DATE	DESTINATION / PURPOSE	ODOMETER START	ODOMETER END	TOTAL MILES	TOLLS / PARKING	OTHER EXPENSES

Standard Mileage Rate:

Total Business Miles:

Mileage Reimbursement:

Total Tolls & Parking:

Total Other Expenses:

Total Claim Amount:

EMPLOYEE SIGNATURE DATE

AUTHORIZED APPROVAL DATE