

WEEKLY PERSONAL CAR MILEAGE REIMBURSEMENT

Employee Name:

Department:

Week Ending Date:

Vehicle Make/Model:

License Plate No.:

Reimbursement Rate:

Date	Destination & Purpose of Trip	Odometer Start	Odometer End	Total Miles	Total (\$)
Total Weekly Mileage & Reimbursement:					

Employee Signature

Date:

Manager/Approver Signature

Date: