

COMPANY VEHICLE MILEAGE LOG

Business Expense Reimbursement Template

Employee Name: _____

Department: _____

Manager / Approver: _____

Vehicle Make/Model: _____

License Plate No: _____

Period (Month/Year): _____

DATE	DESTINATION & PURPOSE OF TRIP	ODOMETER START	ODOMETER END	TOTAL MILES	RATE (\$/MI)	TOTAL AMOUNT

Total Miles	
Rate per Mile	
Total Claim	

EMPLOYEE SIGNATURE

DATE

MANAGER SIGNATURE

DATE