MILEAGE & TRAVEL EXPENSE LEDGER

Business Travel Reimbursement Form

Employee Name: _____

Department: _____

Purpose of Travel: _____

Period (Dates): _____

1. MILEAGE LOG

Date	Origin	Destination	Start Odometer	End Odometer	Total Miles

2. OTHER TRAVEL EXPENSES (MEALS, LODGING, TRANSIT, ETC.)

Date	Category	Description / Business Purpose	Amount

3. EXPENSE SUMMARY

Total Mileage Reimbursement	
Total Other Travel Expenses	
Total Reimbursement Claimed	

_____

Employee Signature Date

_____

Authorized Approver Signature Date