BUSINESS USE OF PERSONAL VEHICLE

Expense Claim Form

CLAIMANT INFORMATION

EMPLOYEE NAME

DEPARTMENT / COST CENTER

EMPLOYEE ID

MANAGER / APPROVER

CLAIM PERIOD (MONTH/YEAR)

VEHICLE DETAILS

VEHICLE MAKE & MODEL

YEAR & LICENSE PLATE

ENGINE CAPACITY (CC) / FUEL TYPE

TRAVEL & MILEAGE LOG

Date	Destination / Purpose of Journey	Odometer Start	Odometer End	Business Miles	Tolls & Parking ($)	Other Expenses ($)

REIMBURSEMENT SUMMARY

Total Business Miles	
Reimbursement Rate per Mile ($)	
Total Mileage Claim ($)	
Total Tolls & Parking ($)	
Total Other Expenses ($)	
TOTAL CLAIM AMOUNT ($)	

Claimant Signature & Date

Authorizing Signature & Date