

DAILY FLEET VEHICLE MILEAGE EXPENSE SHEET

Fleet Operations & Reimbursement

DRIVER NAME:

DATE:

VEHICLE
MAKE/MODEL:

LICENSE PLATE NO:

DEPARTMENT:

STANDARD
RATE/MILE:

TIME	DESTINATION / PURPOSE OF TRIP	ODOMETER START	ODOMETER END	TOTAL MILES	TOLLS (\$)	PARKING (\$)	OTHER (\$)

Total Daily Miles	
Mileage Reimbursement	
Total Tolls & Parking	
Other Expenses	
Total Claim Amount	

DRIVER SIGNATURE / DATE

MANAGER APPROVAL SIGNATURE / DATE