

# PERSONAL VEHICLE MILEAGE & FUEL EXPENSE REPORT

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Employee Name:

Department:

Period Start Date:

Period End Date:

Vehicle Make/Model:

License Plate No.:

Engine Capacity (cc):

Mileage Rate:

| Date | Purpose of Trip & Destination | Odometer Start | Odometer End | Total Miles / Km | Mileage Cost | Fuel Expense | Tolls & Parking | Total Due |
|------|-------------------------------|----------------|--------------|------------------|--------------|--------------|-----------------|-----------|
|      |                               |                |              |                  |              |              |                 |           |
|      |                               |                |              |                  |              |              |                 |           |
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|                                    |  |
|------------------------------------|--|
| <b>Total Mileage</b>               |  |
| <b>Total Mileage Reimbursement</b> |  |
| <b>Total Fuel Expenses</b>         |  |
| <b>Total Tolls &amp; Parking</b>   |  |
| <b>Grand Total Reimbursement</b>   |  |

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**Claimant Signature**

Date: \_\_\_\_\_

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**Manager / Approver Signature**

Date: \_\_\_\_\_