

# EMPLOYEE MILEAGE REIMBURSEMENT

Expense Claim Form

EMPLOYEE NAME:

DEPARTMENT:

EMPLOYEE ID:

MANAGER NAME:

CLAIM PERIOD:

VEHICLE MAKE/MODEL:

LICENSE PLATE NO:

REIMBURSEMENT RATE:

DATE	PURPOSE OF TRIP / DESCRIPTION	ORIGIN	DESTINATION	ODOMETER START	ODOMETER END	TOTAL MILES
<b>Total Mileage:</b>						
<b>Reimbursement Rate Per Mile:</b>						
<b>Total Claim Amount:</b>						

EMPLOYEE SIGNATURE DATE

MANAGER/APPROVER SIGNATURE DATE