

| Date | Destination & Purpose of Trip | Odometer Start | Odometer End | Total Miles | Tolls / Parking | Other Expenses | Job / Cost Code |
|------|-------------------------------|----------------|--------------|-------------|-----------------|----------------|-----------------|
| | | | | | | | |

NOTES / COMMENTS

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|---|
| Total Business Miles _____ |
| Mileage Rate (per mile) _____ |
| Mileage Reimbursement _____ |
| Total Tolls & Parking _____ |
| Other Fleet Expenses _____ |
| Total Due to Employee _____ |

 DRIVER SIGNATURE DATE

 MANAGER APPROVAL SIGNATURE DATE