

EMPLOYEE BUSINESS MILEAGE CLAIM FORM

EMPLOYEE & VEHICLE INFORMATION

Employee Name

Department / Cost Center

Manager Name

Period Start Date

Period End Date

Vehicle Make, Model & Plate

MILEAGE LOG

Date	Purpose & Destination	Odometer Start	Odometer End	Total Miles	Rate	Total (\$)
Total Mileage & Claim:						

Employee Signature

Date

Manager Signature (Approval)

Date