MILEAGE & TRAVEL EXPENSE SHEET

Client Visit Log and Reimbursement Claim

Employee Name:

Department:

Period Start Date:

Period End Date:

Manager / Approver:

Reimbursement Rate:

TOTAL MILES

MILEAGE AMOUNT

OTHER EXPENSES

TOTAL REIMBURSEMENT

DATE	CLIENT NAME & DESTINATION	PURPOSE OF VISIT	ODO START	ODO END	TOTAL MILES	RATE	TOLLS/OTHER	TOTAL DUE

Employee Signature Date

Manager Signature Date