MONTHLY PERSONAL VEHICLE MILEAGE & TRAVEL EXPENSE REPORT

Business Use Reimbursement Claim

EMPLOYEE NAME:
DEPARTMENT:
CLAIM PERIOD (MONTH/YEAR):
VEHICLE MAKE / MODEL:
LICENSE PLATE NO.:
MANAGER / APPROVER:

DATE	DESTINATION (FROM / TO)	BUSINESS PURPOSE	ODOMETER START	ODOMETER END	TOTAL MILES	RATE	TOLLS & PARK	OTHER EXP
				Totals:				

TOTAL MILEAGE REIMBURSEMENT	
TOTAL TOLLS & PARKING	
TOTAL OTHER EXPENSES	
TOTAL REIMBURSEMENT DUE	

EMPLOYEE SIGNATURE DATE

MANAGER APPROVAL SIGNATURE DATE