

# TRAVEL & MILEAGE CLAIM

Expense Reimbursement Request

<b>Employee Name</b>		<b>Department</b>	
<b>Employee ID</b>		<b>Manager / Approver</b>	
<b>Claim Period From</b>		<b>Claim Period To</b>	
<b>Purpose of Travel</b>		<b>Standard Mileage Rate</b>	

DATE	DESTINATION & PURPOSE	ODOMETER		TOTAL MILES	MILEAGE COST	OTHER EXPENSES			TOTAL
		START	END			PARKING/TOLLS	MEALS/LODGING	OTHER	

<b>Total Mileage Claims</b>	
<b>Total Other Expenses</b>	

\_\_\_\_\_  
EMPLOYEE SIGNATURE

Date  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED APPROVER SIGNATURE

Date

