

COMPANY CAR MILEAGE REIMBURSEMENT

Fleet Vehicle Expense Report

Employee Name:

Department:

Manager Name:

Submission Date:

Vehicle Make/Model:

License Plate No:

Fleet ID (if applicable):

Reimbursement Period:

DATE	DESTINATION / PURPOSE OF TRIP	START ODO	END ODO	TOTAL MILES

Total Miles:	
Rate Per Mile:	
Total Refund:	

EMPLOYEE SIGNATURE

Date:

APPROVER SIGNATURE

Date:
