

# MILEAGE & FUEL EXPENSE SHEET

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Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

License Plate: \_\_\_\_\_

Period Start Date: \_\_\_\_\_

Period End Date: \_\_\_\_\_

DATE	PURPOSE OF TRIP / DESTINATION	ODOMETER READING		TOTAL MILES	FUEL RECEIPT DETAILS		RECEIPT ATTACHED (Y/N)
		START	END		GALLONS/LITERS	FUEL COST	

<b>Total Miles:</b>	
<b>Mileage Rate:</b>	
<b>Mileage Reimbursement:</b>	
<b>Total Fuel Cost:</b>	
<b>Total Claim Amount:</b>	

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Employee Signature

Date: \_\_\_\_\_

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Authorized Approver Signature

Date: \_\_\_\_\_