

# TRAVEL & MILEAGE REIMBURSEMENT FORM

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Claimant Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Employee ID: \_\_\_\_\_  
 Manager/Approver: \_\_\_\_\_  
 Submission Date: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_

## 1. TRAVEL EXPENSES (FLIGHTS, LODGING, MEALS, TAXI, ETC.)

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| Date                          | Category | Description / Business Purpose | Amount |
|-------------------------------|----------|--------------------------------|--------|
|                               |          |                                |        |
|                               |          |                                |        |
|                               |          |                                |        |
|                               |          |                                |        |
| <b>Total Travel Expenses:</b> |          |                                |        |

## 2. MILEAGE LOG

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| Date                                | Origin | Destination | Distance | Rate | Total |
|-------------------------------------|--------|-------------|----------|------|-------|
|                                     |        |             |          |      |       |
|                                     |        |             |          |      |       |
|                                     |        |             |          |      |       |
| <b>Total Mileage Reimbursement:</b> |        |             |          |      |       |

|                                    |  |
|------------------------------------|--|
| <b>Total Travel Expenses</b>       |  |
| <b>Total Mileage Reimbursement</b> |  |
| <b>Grand Total Claim Amount</b>    |  |

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**Claimant Signature**

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

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**Authorized Approver Signature**

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

