

WEEKLY DELIVERY MILEAGE EXPENSE REPORT

Driver Reimbursement & Activity Log

Driver Name: _____

Week Ending Date: _____

Vehicle Make/Model: _____

License Plate No.: _____

DATE	STARTING LOCATION	DESTINATION / PURPOSE	ODOMETER START	ODOMETER END	TOTAL MILES

Total Weekly Miles	
Mileage Rate	
Total Reimbursement Due	

DRIVER SIGNATURE

MANAGER/SUPERVISOR APPROVAL