

# EMPLOYEE MILEAGE REIMBURSEMENT FORM

Employee Name:

Department:

Manager / Supervisor:

Period Start Date:

Period End Date:

Vehicle Make/Model:

Date	Purpose of Trip & Destination	Odometer Start	Odometer End	Total Miles/KM	Rate	Total Amount

Total Miles/KM:	
Reimbursement Rate:	
Total Claim Amount:	

Employee Signature

Date:

Manager Signature (Approval)

Date:

