

CORPORATE TRAVEL & MILEAGE EXPENSE SHEET

Submit completed form with required receipts to the Finance Department.

Employee Name

Department

Employee ID

Period Start

Period End

Manager / Approver

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

Total Miles	
Rate per Mile	
Total Mileage Claim	
Other Travel Costs	
Total Reimbursement	

EMPLOYEE SIGNATURE

Date: _____

AUTHORIZED APPROVAL SIGNATURE

Date: _____

