

EMPLOYEE VEHICLE ALLOWANCE & MILEAGE CLAIM

Employee Name:

Department:

Employee ID:

Manager / Approver:

Claim Period:

Vehicle Make / Model:

License Plate No:

Engine Capacity (cc):

DATE	PURPOSE OF JOURNEY / DESTINATION	ODOMETER START	ODOMETER END	TOTAL MILES	RATE (\$/MI)	TOTAL (\$)

Total Mileage (mi)	
Vehicle Allowance (\$)	
Total Reimbursement (\$)	

Employee Signature

Date:

Authorized Approver Signature

Date:
