

MONTHLY VEHICLE MILEAGE EXPENSE

Standard Mileage Rate Method

Employee Name: _____

Month / Year: _____

Department: _____

Standard Mileage Rate: _____

Vehicle Make/Model: _____

License Plate No.: _____

DATE	DESTINATION & PURPOSE OF TRIP	ODOMETER START	ODOMETER END	TOTAL MILES	TOLLS	PARKING	TOTAL AMOUNT

Total Miles:	
Mileage Reimbursement:	
Total Tolls & Parking:	
Total Claim Amount:	

Employee Signature / Date

Approver Signature / Date