

Mileage and Ground Transportation Reimbursement Form

Please fill out this form for all business-related travel and ground transportation expenses. Print the completed form and attach all physical receipts before submitting for approval.

1. Employee Information

Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Submission Date:	<input type="text" value="MM/DD/YYYY"/>
Purpose of Travel:	<input type="text"/>		

2. Personal Vehicle Mileage Log

Date	Origin (City/State)	Destination (City/State)	Odometer Start	Odometer End	Total Miles	Reimbursement Rate (per mile)	Total Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Mileage Reimbursement:							<input type="text"/>

3. Ground Transportation & Other Expenses

(Includes Taxi, Rideshare, Parking, Tolls, Subway, Bus, etc. Receipts required.)

Date	Expense Type (e.g., Taxi, Toll, Parking)	Description / Business Purpose	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Ground Transportation:			<input type="text"/>

4. Summary of Reimbursement

Total Mileage Reimbursement:	<input type="text"/>
Total Ground Transportation:	<input type="text"/>
Grand Total Reimbursement Claim:	<input type="text"/>

5. Authorization and Signatures

I certify that the expenses listed above were incurred for official business purposes and that the mileage and expenses claimed are accurate.

Employee Signature: _____ Date:

Manager Signature: _____ Date: