

Daily Travel Log and Expense Reimbursement Form

Complete this form to document business travel mileage and request reimbursement for travel-related expenses. Print the completed form for physical signature and submission.

Employee Information

Employee Name: Employee ID:
Department: Manager/Supervisor:
Purpose of Travel:

Daily Travel Log (Mileage)

Rate per Mile Reimbursement:

Date	Origin (From)	Destination (To)	Odometer Start	Odometer End	Total Miles
<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:					<input type="text"/>

Daily Expenses Reimbursement

Date	Expense Type (Meals, Lodging, Tolls, Parking, etc.)	Description / Business Reason	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 Other Expenses:			<input type="text"/>

Summary of Reimbursement

Total Mileage Reimbursement:
Total Other Expenses:
Grand Total Claimed:

Authorizations

By signing below, the employee certifies that the travel and expenses documented above were necessary and incurred for official business purposes, and the supervisor approves the reimbursement request.

Employee Signature: Date:
Approver Signature: Date: