

Employee Mileage and Travel Reimbursement Form

Please complete this form for all business-related travel and mileage reimbursement claims. Print the completed form, attach all supporting receipts, and submit it to your supervisor for approval.

Employee Information

Employee Name:		Employee ID:	
Department:		Job Title:	
Manager / Supervisor:		Claim Period (Month/Year):	

Vehicle Information

Vehicle Make / Model:		License Plate Number:	
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Mileage Log

Date (MM/DD/YYYY)	Destination & Purpose of Trip	Odometer Start	Odometer End	Total Miles	Reimbursement Rate (per mile)	Total Claim (\$)

Other Travel Expenses (Tolls, Parking, Lodging, Meals, etc.)

Date (MM/DD/YYYY)	Expense Type / Description	Receipt Attached? (Yes/No)	Amount (\$)

Reimbursement Summary

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

Signatures and Approvals

I certify that the travel expenses claimed above were incurred on official company business and that the mileage and expenses stated are accurate.

Employee Signature:		Date:	
Supervisor/Manager Approval Signature:		Date:	