

MILEAGE REIMBURSEMENT FORM



Employee Name		
Home Street Address		
City	State	Zip Code

4.361

MILEAGE REIMBURSEMENT CALCULATION

DATE	Job Names <i>(list stops made thru out the day)</i>	MILEAGE	
		Start	End

Additional Notes:

Subtotal

Days in Calculation

Normal Home-to-Work Commute (x) _____

Schedule for Calculating Vehicle and Mileage Reimbursements

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Total Non-Reimbursed Mileage (-)

Total Reimbursable Mileage (=)

Reimbursement Rate (x)

Requested Reimbursement (=)

* Employee must enclose current copy of Proof of Insurance for Reimbursement

Approved by	Date	Employee Signature

Schedule for Calculating Vehicle and Mileage Reimbursements

Date
Days in Calculation
Normal Commute Miles

DAILY MILES

Schedule for Calculating Vehicle and Mileage Reimbursements

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