

**DESIGN & SELECTION CENTER**

FLOORING • KITCHEN • BATH • HOME

MILEAGE REIMBURSEMENT FORM

Employee Name		
Home Street Address		
City	State	Zip Code

4.361

MILEAGE REIMBURSEMENT CALCULATION

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

Additional Notes:

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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 (=)

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

Reimbursement Rate (x)

Requested Reimbursement (=)

Approved by	Date	Employee Signature
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Schedule for Calculating Vehicle and Mileage Reimbursements

Date
Days in Calculation
Normal Commute Miles

DAILY MILES

Schedule for Calculating Vehicle and Mileage Reimbursements