EMPLOYEE MILEAGE EXPENSE REPORT

Employee Name	
Employee ID	
Vehicle Description	

Pay Period

From	
To	

Mileage Rate	$

Date	Description	Starting Location	Destination	Total Miles	Amount
					$
					$
					$
					$
					$
					$
					$
					$
					$

Total Reimbursement : **$**

Employee Signature		Date	
Authorized By		Date	