



## MILEAGE EXPENSE REPORT\*

NAME: \_\_\_\_\_

EMP. # \_\_\_\_\_

DATE: \_\_\_\_\_

Date	Store/Dept. Charge to	Destination Address	Purpose of Trip	Starting Mileage	Ending Mileage	Less Home Store Mileage	Total Miles to be Reimbursed**

\*Payment with original copies only. Fax copies not acceptable.

\*\*Mileage accumulation always begins from home or home store location, whichever is less.  
We do not reimburse for normal commute miles, please subtract before submitting.

TOTAL MILES \_\_\_\_\_ X

REIMBURSEMENT RATE \_\_\_\_\_ =

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT DUE \$ \_\_\_\_\_