Mileage Log and Reimbursement Form

Employee Name		Rate Per Mile	$0.580
		For Period	From 1/0/00 to 1/0/00
Vehicle Description		Total Mileage	0
		Total Reimbursement	$0.00

Date	Starting Location	Destination	Description/Notes	Mileage	Reimbursement
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
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					$0.00
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					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
			Totals	0	$0.00

Mileage Log and Reimbursement Forms and itemized receipts should be turned in within _____ days of expenses being incurred.

Signature

Authorized By