## EMPLOYEE MILEAGE EXPENSE REPORT

EMPLOYEE NAME:							
EMPLOYEE II	D:		PERIOD FROM:				
PERIOD TO:			MILEAGE RATE:				
VEHICLE DESCRIPTION:							
DATE	DESCRIPTION	STARTING LOCATION		DESTINATION		TOTAL MILES	AMOUNT
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TOTAL REIMBURSEMENT:

**EMPLOYEE SIGNATURE** 

**AUTHORIZED SIGNATURE** 

DATE:

DATE: