

Mileage Log and Reimbursement Form

Employee Name
 Employee ID
 Vehicle Description
 Authorized By

Rate Per Mile
 For Period
 Total Mileage
 Total Reimbursement

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Reimbursement
5/9/2002	Home Office	Northwind Traders	Client Meeting	36098	36103	5	\$1.35
5/9/2002	Northwind Traders	Home Office	Client Meeting	36103	36108	5	\$1.35
						0	\$0.00
						0	\$0.00
						0	\$0.00
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						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
Totals						10	\$2.70