

# EMPLOYEE MILEAGE EXPENSE REPORT

Employee Name	
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Employee ID	
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Vehicle Description	
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Pay Period	From	
	To	

Mileage Rate	\$
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Date	Description	Starting Location	Destination	Total Miles	Amount
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

**Total Reimbursement :**               \$          

Employee Signature		Date	
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Authorized By		Date	
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