Mileage Log and Reimbursement Form

Employee Name		**Rate Per Mile**	**$0.565**
Employee ID		**For Period**	**From 1/0/00 to 1/0/00**
Vehicle Description	**Personal**	**Total Mileage**	**10**
Authorized By		**Total Reimbursement**	**$5.65**

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Reimbursement
					36103	5	$2.83
					36108	5	$2.83
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
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						0	$0.00
						0	$0.00
						0	$0.00
					Totals	**10**	**$5.65**