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MILEAGE AND EXPENSE CLAIM

CLAIM NO.	EMPLOYEE	DEPARTMENT	PERIOD	VEHICLE

Mileage

Date	From / to	Purpose	Miles	Rate

Total miles	
Rate per mile	
Mileage amount	

Other expenses

Date	Category	Description / vendor	Receipt	Amount
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	

Other expenses	
Less advance	
Total due to employee	

Employee signature / date

Approved by / date

Processed by / date