office printable .com

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