

# MILEAGE REIMBURSEMENT FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Trip Details:**

Date of Trip: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

**Mileage Information:**

Starting Location: \_\_\_\_\_

Ending Location: \_\_\_\_\_

Odometer Start: \_\_\_\_\_ Odometer End: \_\_\_\_\_

Total Miles Driven: \_\_\_\_\_

**Reimbursement Calculation:**

Mileage Rate (per mile): \_\_\_\_\_ USD

Total Reimbursement Amount: \_\_\_\_\_ USD

**Certification and Authorization:**

I certify that the mileage reported above was incurred in the performance of official business and that the information provided is true and accurate to the best of my knowledge. I understand that falsification of this report may result in disciplinary action, including termination. I acknowledge receipt of reimbursement as indicated above and agree to comply with all applicable policies and procedures governing mileage reimbursement under United States law.

**EMPLOYEE SIGNATURE**

**SUPERVISOR SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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