



## Expense & Mileage Reimbursement Request

**Attach receipts for all expenditures.**

**Mileage details must include the following:**

- 1. Destination beginning & ending mileage.**
- 2. Beginning and Ending Odometer**

Payable To: \_\_\_\_\_  
For Week Ending: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

Destinations		Beginning Mileage	Ending Mileage	Total Miles	Exempt Mileage	Paid Mileage
Monday	To			0	20	
	From			0	20	
Tuesday	To			0	20	
	From			0	20	
Wednesday	To			0	20	
	From			0	20	
Thursday	To			0	20	
	From			0	20	
Friday	To			0	20	
	From			0	20	
Saturday	To			0	20	
	From			0	20	
Sunday	To			0	20	
	From			0	20	

Total Miles 0 @ **\$0.40** per mile \$ 0

Items to be reimbursed for:

Description	Auction	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Expense: \$ -  
Total Mileage Expense: \$ -  
Total Reimbursement: \$ -

Purpose: \_\_\_\_\_

Employee Signiture: \_\_\_\_\_