**Driver Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Employee ID: |  | Department: |  |
| Job Title: |  | Contact No. & Email: |  |

**Vehicle Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Make/Model: |  | Vehicle Registration Number: |  |
| Mileage Tracking Start Date: |  | Mileage Tracking End Date: |  |

**Mileage Log**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Trip Purpose** | **Starting Odometer Reading** | **Ending Odometer Reading** | **Total Miles Driven** | **Fuel Used (Gallons/Liters)** | **Notes** |
|  |  |  |  |  |  |  |
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**Monthly Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Total Miles Driven: |  | Total Fuel Used (Gallons/Liters): |  |
| Average Fuel Economy (Miles/Gallon or Km/Liter): |  | Notes: |  |

**Driver Certification**

I certify that the information provided in this mileage log is accurate and reflects the actual miles driven for the business purposes indicated.

|  |  |  |  |
| --- | --- | --- | --- |
| Driver’s Signature: | Signature | Date: |  |

**Manager/Supervisor Approval**

I have reviewed the mileage log and approve it for reimbursement/record-keeping purposes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor/Manager’s Name: | ` | | | |
| Supervisor/Manager’s Signature: | Signature | Date: |  | |
| Comments: | | | |
|  | | | |
|  | | | |
|  | | | |

**For Accounting/Finance Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Processed By: |  | Date: |  |
| Reimbursement Amount: |  | Notes: |  |

**Mileage Log Notes:**

* Ensure all trips are logged accurately with starting and ending odometer readings.
* Record the purpose of each trip and the amount of fuel used.
* Submit the log monthly or as required by your company’s policy.