**[Your Company Letterhead]**

**Employee Information:**

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

**Vehicle Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Maker: |  | Vehicle Model: |  |
| License Plate Number: |  |  |  |

**Mileage Log:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Start Location** | **End Location** | **Purpose of Trip** | **Odometer Start** | **Odometer End** | **Total Miles/Kilometers** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Reimbursement Rate (per Mile/Km)** | **Total Reimbursement Amount** | **Employee Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Summary:**

|  |  |  |  |
| --- | --- | --- | --- |
| Total Miles/Kilometers Traveled: |  | Total Reimbursement Amount: |  |

**Employee Declaration:**

I hereby certify that the above information is accurate and that the mileage claimed is for business purposes only.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Date:** |  |

**For Office Use Only:**

|  |  |  |
| --- | --- | --- |
| **Approved By** | **Date Approved** | **Comments** |
|  |  |  |

**Reimbursement Calculation Example:**

If the reimbursement rate is $0.79 per mile:

* Total Miles Traveled: 100 miles
* Reimbursement Rate: $0.79 per mile
* Total Reimbursement Amount: 100 miles \* $0.79 = $79.00

**Terms and Conditions:**

1. Mileage claims must be submitted within [specific time frame] of the travel date.
2. All claims are subject to verification and approval by the company.
3. Reimbursement rates are determined by company policy and may be subject to change.

Feel free to customize this form to fit your organization’s specific needs and policies.