

MILEAGE REIMBURSEMENT SHEET

EMPLOYEE NAME_	JOB POSITIO	N	
MONTH/YEAR	HOME OFFICE LOCATION	PAGE	of
I WORK	MILES FROM MY PERSONAL RESIDENCE (REGULAR D/	AILY COMMUTE TO OR	FROM WORK)

	JOB RESPONSIBILITY AT			MILEAGE CHART	(HR OFFICE USE ONLY)
DATE	TRANSFER LOCATION (IF	TRANSFER LOCATION	STARTING LOCATION	ALLOWANCE	
	OTHER THAN REGULAR	(TRAVELING TO):	(LEAVING FROM):	(ROUND TRIP, USE TWO	MILEAGE ALLOWANCE
	POSITION DESCRIPTION)			LINES)	CORRECT?
			HOME OFFICE PERSONAL RESIDENCE		
			HOME OFFICE PERSONAL RESIDENCE		
			PERSONAL RESIDENCE		
			HOME OFFICE PERSONAL RESIDENCE		
			HOME OFFICE PERSONAL RESIDENCE		
			HOME OFFICE PERSONAL RESIDENCE		
			□ OTHER		
			PERSONAL RESIDENCE		
			OTHER		
			PERSONAL RESIDENCE OTHER		
				TOTAL	
				TOTAL	

*WILL BE TALLIED BY HUMAN RESOURSES

EMPLOYEE SIGNATURE_____

DATE_____ _DATE______

SUPERVISOR SIGNATURE_____

*THIS FORM **MUST BE SIGNED BY BOTH EMPLOYEE AND SUPERVISOR**. IF IT IS NOT, IT MAY BE RETURNED TO THE EMPLOYEE WHICH MAY DELAY REIMBURSEMENT A FULL MONTH.

*WILL BE TALLIED BY HUMAN RESOURSES—DO NOT WRITE BELOW THIS LINE								
PAGE 1 TOTAL	PAGE 2 TOTAL	PAGE 3 TOTAL	PAGE 4 TOTAL	=TOTAL (ALL MILES)	MULTIPLIER	AMOUNT PAID		
					X 0.4025			