

Business Mileage Reimbursement Receipt

Employee Name: _____
Employee ID: _____
Department: _____
Date Submitted: ____ / ____ / ____

Mileage Trip Details

Date	Trip Description	Origin	Destination	Mileage	Rate	Amount
____ / ____ / ____	_____	_____	_____	_____	\$ ____ /mile	\$ ____
____ / ____ / ____	_____	_____	_____	_____	\$ ____ /mile	\$ ____
Total						\$ ____

Purpose of Travel: _____
Vehicle License Plate: _____

Employee Signature

Manager/Supervisor Approval

Important Notes:

- This receipt should be submitted along with supporting documents as per company policy.
- Only business-related mileage is eligible for reimbursement.
- Mileage rates must follow the latest company or government guidelines.
- False claims may be subject to disciplinary action.
- Keep a personal copy for your records.