

# 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.