

COMMUNITY ACTION OF ORLEANS AND GENESEE, INC.

MILEAGE REIMBURSEMENT FORM

Employee Name: _____

File number: _____

my normal work commute (one way) = miles

DAY, MONTH, DATE	ODOMETER READING	TOTAL MILES	DAILY COMMUTE	NET MILES	BUSINESS PURPOSE OF YOUR TRIP (WHY?)	DESTINATION (WHERE?)	EXPENSE (tolls, etc.)	Charge To DEPT:
	E S	-		-			\$ -	
	E S	-		-			\$ -	
	E S	-		-			\$ -	
	E S	-		-			\$ -	
	E S	-		-			\$ -	
	E S	-		-			\$ -	
	E S	-		-			\$ -	
	E S	-		-			\$ -	
	E S	-		-			\$ -	
	E S	-		-			\$ -	

subtotal- miles

at per mile rate of: \$ 0.530 to equal reimbursement of:

\$ - for Mileage

I CERTIFY THAT THE AMOUNT CLAIMED AND ALL OTHER INFORMATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. (SIGN AND DATE BELOW)

Employee Signature: _____ date: _____

Review & Approved by Supervisor: _____ date: _____

Plus Other Expense

TOTAL

FORM REVISED ON 01/12/16

FISCAL USE ONLY

Number of pages: _____

Total Amount to Pay: _____

Pay Date Paid: _____