

Monthly Mileage and Expense Claim

Name: _____

Period Covered by Claim: _____ to _____

Mileage Rate: 0.545 Date: _____

Mileage

Date	Destination	Reason	Miles
		Total Miles Traveled	
		Total Mileage Claim	\$

Expenses Other Than Mileage

Date	Itemized Expenses (Support with Receipts)	Amount
	Total Expenses Other than Mileage	\$

TOTAL CLAIM (Mileage and Expenses) \$
