Monthly Mileage and Expense Claim

Name: _____

Period Covered by Claim: _____ to _____

Mileage Rate: 0.545 Date: _____

******* Use .535 for claims prior to January 1, 2018 and .545 for claims after January 1, 2018.

Mileage

Date	Destination	Reason	Miles
		Total Miles Traveled	0
		Total Mileage Claim	$0.00

Expenses Other Than Mileage

Date	Itemized Expenses (Support with Receipts)	Amount
	Total Expenses Other than Mileage	$0.00

TOTAL CLAIM (Mileage and Expenses)	$0.00