



MILEAGE CLAIM FORM

Name : _____

Emp. No. : _____

Mileage Claims for Month of : _____

Type of Vehicle : * Car / Motorcycle
 (* delete if not applicable) * Private Vehicle / Entitlement Car / Pool Car

Vehicle Reg. No. : _____

DATE	DESTINATION		PURPOSE OF TRIP	MILEAGE (KM)	TOLL (RM)	PARKING (RM)
	FROM	TO				
TOTAL						

_____ km x _____ cents = RM _____

Signature of Claimant : _____

Date : _____

(a) Total mileage claims (RM) _____

Verified by : _____
(Immediate Superior)

(b) Total toll claims (RM) _____

Date : _____

(c) Total parking claims (RM) _____

Grand Total

(Amount in (a), (b) and (c) to be transferred to Expenses Claim Form respectively)

Note :

* Mileage Rate for Private Vehicle

Car : RM 0.70 per km

Motorcycle : RM 0.30 per km

** For toll & parking claims, please provide original receipts.

Failure to produce the receipt(s) will render the claim rejected.