

Mileage Log and Reimbursement Form

Employee Name: Jaimie Garner

Vehicle Description: Red 2000 Nissan Xterra

Authorized By:

Rate Per Mile: \$0.55

For Period: 01/01/2013 to 01/02/2013

Total Mileage: 14

Total Reimbursement: \$7.70

Date	Starting Location	Destination	Od Start	Od End	Mileage	Reimbursement
01/01/2013	204 NW 4th Street, Grants Pass, Orego...	230 Espey Rd, Grants Pass, Oregon	166834.00	166839.00	5.00	\$2.75
01/01/2013	230 Espey Rd, Grants Pass, Oregon	820 NE E St, Grants Pass, Oregon	166839.00	166844.00	5.00	\$2.75
01/01/2013	820 NE E St, Grants Pass, Oregon	204 NW 4th Street, Grants Pass, Orego...	166844.00	166845.00	1.00	\$0.55
01/02/2013	204 NW 4th Street, Grants Pass, Orego...	707 SE 7th Street, Grants Pass, Orego...	166850.00	166852.00	2.00	\$1.10
01/02/2013	707 SE 7th Street, Grants Pass, Orego...	204 NW 4th Street, Grants Pass, Orego...	166852.00	166853.00	1.00	\$0.55

I certify the mileage as stated above is true and accurate and includes only trips made during the working day in the performance of assigned duties.

Signature: _____ Date: _____