

Mileage Log and Reimbursement Form

Employee Name: Jaimie Garner
Vehicle Description: Red 2000 Nissan Xterra
Authorized By:

Rate Per Mile: \$0.55
For Period: 01/31/2013 to 01/31/2013
Total Mileage: 6
Total Reimbursement: \$3.30

Date	Starting Location	Destination	Od Start	Od End	Mileage	Reimbursement
01/31/2013	204 NW 4th Street, Grants Pass, Orego...	200 NE Greenfield, Grants Pass, Orego...	166853.00	166856.00	3.00	\$1.65
01/31/2013	200 NE Greenfield, Grants Pass, Orego...	204 NW 4th Street, Grants Pass, Orego...	166856.00	166859.00	3.00	\$1.65

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:_____