

Mileage Log and Reimbursement Form

Employee Name: Jaimie Garner

Vehicle Description: Red 2000 Nissan Xterra

Authorized By:

Rate Per Mile: \$0.55

For Period: 02/08/2013 to 02/08/2013

Total Mileage: 4

Total Reimbursement: \$2.20

Date	Starting Location	Destination	Od Start	Od End	Mileage	Reimbursement
02/08/2013	204 NW 4th Street, Grants Pass, Orego...	417 Henderson Ln, Grants Pass, Oregon	166506.00	166508.00	2.00	\$1.10
02/08/2013	204 NW 4th Street, Grants Pass, Orego...	135 NW Caddis Place, Grants Pass, Ore...	166508.00	166510.00	2.00	\$1.10

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: _____