

Mileage Log and Reimbursement Form

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

Rate Per Mile: \$0.55
For Period: 01/24/2013 to 01/24/2013
Total Mileage: 4
Total Reimbursement: \$2.20

Date	Starting Location	Destination	Od Start	Od End	Mileage	Reimbursement
01/24/2013	204 NW 4th Street, Grants Pass, Orego...	417 Henderson Ln, Grants Pass, Oregon	166830.00	166832.00	2.00	\$1.10
01/24/2013	417 Henderson Ln, Grants Pass, Oregon	204 NW 4th Street, Grants Pass, Orego...	166832.00	166834.00	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:_____