

Mileage Log and Reimbursement Form

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

Rate Per Mile: \$0.55
For Period: 01/28/2013 to 01/30/2013
Total Mileage: 68
Total Reimbursement: \$37.40

Date	Starting Location	Destination	Od Start	Od End	Mileage	Reimbursement
01/28/2013	204 NW 4th Street, Grants Pass, Orego...	229 NE Beacon Drive, Grants Pass, Ore...	166762.00	166764.00	2.00	\$1.10
01/28/2013	229 NE Beacon Drive, Grants Pass, Ore...	204 NW 4th Street, Grants Pass, Orego...	166764.00	166766.00	2.00	\$1.10
01/30/2013	204 NW 4th Street, Grants Pass, Orego...	8250 Agate Rd, White City, Oregon	166766.00	166798.00	32.00	\$17.60
01/30/2013	8250 Agate Rd, White City, Oregon	204 NW 4th Street, Grants Pass, Orego...	166798.00	166830.00	32.00	\$17.60

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: _____