

Mileage Reimbursement Form

Employee Name/Dept.	Jane Doe/ Merchandising Department	Date	12/08/06

Date	Explanation	Starting City	Starting Mileage	Ending City	Ending Mileage	Total Mileage	Less 60 miles one Way	Reimbursed Mileage	Rate	Total Dollars
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TOTALS						0	0	0	0.40	\$ -
Manager Approval						Date				
Fax # 310-458-9085 Attn: Dave				Dave]				
ГАХ#	3 1U -4 30	158-9085 Attn: Dave Saldana								