



## MILEAGE LOG SHEET

EMPLOYEE NAME:

DATE:

Total Incremental:  
 Total Reimbursement:

| DATE                                | PERSON TO SEE | PURPOSE / SUBJECT MATTER<br>ROUND-TRIP MILES | MILEAGE |
|-------------------------------------|---------------|--|---------|
| DESTINATION [STREET ADDRESS & CITY] |               | LESS: ROUNDTRIP COMMUTING MILEAGE            | 30.00   |
| FROM:                               | TO:           | INCREMENTAL MILEAGE                          |         |
| Point of Origin to First Patient    |               | MILEAGE RATE                                 | 0.56    |
|                                     |               | TOTAL REIMBURSEMENT                          |         |
| DATE                                | PERSON TO SEE | PURPOSE / SUBJECT MATTER<br>ROUND-TRIP MILES | MILEAGE |
| DESTINATION [STREET ADDRESS & CITY] |               | LESS: ROUNDTRIP COMMUTING MILEAGE            | 30.00   |
| FROM:                               | TO:           | INCREMENTAL MILEAGE                          |         |
| First Patient to Second Patient     |               | MILEAGE RATE                                 | 0.56    |
|                                     |               | TOTAL REIMBURSEMENT                          |         |
| DATE                                | PERSON TO SEE | PURPOSE / SUBJECT MATTER<br>ROUND-TRIP MILES | MILEAGE |
| DESTINATION [STREET ADDRESS & CITY] |               | LESS: ROUNDTRIP COMMUTING MILEAGE            | 30.00   |
| FROM:                               | TO:           | INCREMENTAL MILEAGE                          |         |
| Second Patient to Third Patient     |               | MILEAGE RATE                                 | 0.56    |
|                                     |               | TOTAL REIMBURSEMENT                          |         |
| DATE                                | PERSON TO SEE | PURPOSE / SUBJECT MATTER<br>ROUND-TRIP MILES | MILEAGE |
| DESTINATION [STREET ADDRESS & CITY] |               | LESS: ROUNDTRIP COMMUTING MILEAGE            | 30.00   |
| FROM:                               | TO:           | INCREMENTAL MILEAGE                          |         |
| Third Patient to Fourth Patient     |               | MILEAGE RATE                                 | 0.56    |
|                                     |               | TOTAL REIMBURSEMENT                          |         |

Mileage reimbursement is meant to cover only those miles incurred above and beyond the 30 round trip miles inclusive with employee's agreed commute to his/her place of business or per patient visit. Mileage computation is computed individually, per trip or per patient travel. This Mileage log sheet should be accompanied with an online mileage calculator such as MapQuest or other electronic verification of miles driven. Only completed Mileage Log sheet with complete attachments are eligible for reimbursement. Completed Mileage log sheet means route sheet, clinical notes, mileage log sheet, and online calculator print outs were submitted together and information contained in them matches with each other.