

# Mileage Reimbursement Form

**Jamba Juice Franchise Company**



Store # \_\_\_\_\_ Name: \_\_\_\_\_

Period: \_\_\_\_\_ Year: \_\_\_\_\_

#	Date	Location (where you drove to)	Total Round Trip Miles Driven	Reason for Trip (i.e. bank deposits, borrow food, offsite events, meetings, etc.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL</b>				

Employee Signature: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

DM Approval \_\_\_\_\_

NOTE: CHECKS CUT AFTER EMPLOYEE REACHES \$10 OWED