WAHA Mileage Log and Reimbursement Form

Name		**For the month of**	
Employee ID		**Rate Per Mile**	$0.405
Vehicle Description		**Total Mileage**	
Authorized By		**Total Reimbursement**	

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Reimbursement
					Totals		

Date	Event	Description of Expense (meal, parking, etc)	Requested Reimbursement
		Total	

In order for additional expenses such as meals and parking to be calculated, attach all relevant receipts from the event.

Signature _____ Date _____

Approved By _____ Date _____