



# Employee Monthly Mileage Form

EMPLOYEE INFORMATION	
Employee Name:	For the Month of:
Street Address:	Province:
City:	Postal Code:

DATE	DESTINATION	PURPOSE OF TRIP	KM	REIMBURSEMENT CALCULATION (KM x .48¢)
<b>TOTAL REIMBURSEMENT</b>				

SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_ CHEQUE NUMBER

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_