

2024 MILEAGE REPORT

(Please attach ALL receipts)

Name:	
Week Ending:	
Department:	

MILEAGE (List destination and miles covered)

***	You will not be reimbursed for your normal commuting miles. Please deduct your regular commute from your mileage					
requests. ***						

DAILY From (address) Miles @ .67 / mile Tolls, Parking **TOTAL** Date To (address) **AUTOMOBILE TOTAL** * Mileage rates are subject to change based on IRS guidelines. You will be notified of any change to the rate, or you can find the current mileage rate @

OTHER

Date	Persons Present	Company	Position	Place & Type of Entertainment	Amount
					-
					-
					-
					-
					-
OTHER TOTAL					-

Signature:	Date:	MILEAGE TOTAL	-
		OTHER TOTAL	-
Approved by:	Date:		
		NET TOTAL	-

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