



## EXPENSE REIMBURSEMENT

## 2013 Mileage Reimbursement Rate

NAME:

DATE:

**Office  
Use Only  
Depart.**

## Destinations

**Date**

## Purpose

Miles  
TraveledMileage  
Reimb.

## Tolls

**Total  
Reimb.**

### Total Travel

**Misc. Expenses Vendor**

**Date**

### Description & Purpose

Amount

Depart.

**Total Misc.****TOTAL DUE TO EMPLOYEE**

**CEO Signature**

Date

**Date Reimbursed:** \_\_\_\_\_

## Office Use Only

Check Number: \_\_\_\_\_

**Saved and sent to CC:**