

# Employee Automobile Mileage Record



Name: \_\_\_\_\_

Week of: \_\_\_\_\_

| Date          | From Address | To Address | Business Purpose | # of Miles | Mileage Reimbursement \$ |
|---------------|--------------|------------|------------------|------------|--------------------------|
|               |              |            |                  |            |                          |
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| <b>TOTALS</b> |              |            |                  |            |                          |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Burbank, CA 91504  
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