

VEHICLE EXPENSE FORM

EMPLOYEE NAME:

Week Ending Date (Sunday):

**EMPLOYEE HOME
ADDRESS:**

Street

City, State

ZIP

TITLE:

Cost Code (01-016 or 06-016):

Travel Day	Date	Purpose	Miles Traveled	Less Personal Miles	Subtotal Miles	(X) IRS Rate	Mileage Cost (\$)	Job Name, Location, City, State	Job #
MON				(60)		0.54	\$		
TUE				(60)		0.54	\$		
WED				(60)		0.54	\$		
THU				(60)		0.54	\$		
FRI				(60)		0.54	\$		
SAT				(60)		0.54	\$		
SUN				(60)		0.54	\$		
Subtotals							\$		
Total Reimbursable to Employee [\$]				Total Cost to Job(s)			\$		

Approvals:

Employee: _____

PM: _____

Supervisor: _____

SR. PM: _____

REVISED 06/29/16