Recovery Unitec

Request for Mileage Reimbursement Form

Employee Name	
Home Address	
City, State Zipcode	
Email address:	

Rate Per Mile	**$0.545**
Total Mileage	**0**
Total Reimbursement	**$0.00**

NOTE: **The IRS periodically changes the per mile reimbursement rate. Current rate for 2018.**

***Mileage Reimbursements are paid on our pay dates/ the 5th and 20th of the month.**

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Expense
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00

Requester (signature): _____ **Date:** _____

Authorized Approver (signature): _____ **Date:** _____