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| **Employee Mileage Expense Report** | | | | | | |
| Employee Name: |  | | Period From: |  | | |
| Employee ID: |  | | Period To: |  | | |
| Vehicle Description: |  | | Total Reimbursement: |  | | |
|  | | | | | | |
| **Date** | **Description** | **Starting Location** | **Destination** | **Mileage Rate** | **Total Miles** | **Amount** |
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| **Total Reimbursement:** | | | | | |  |
|  |  | |  |  | | |
| Employee Signature: |  | | Date: |  | | |
| Authorized By: |  | | Date: |  | | |
|  | | | | | | |