ENTITY NAME:

Employee Mileage Reimbursement Request Form 2026

NOTE: THIS FORM IS FOR MILEAGE ONLY. THERE IS A SEPARATE FORM FOR EXPENSES.

Note: Expenses dated past 90 days must be approved by the CFO prior to submitting the Expense Report to the Accounts Payable Department.

Payroll Use Only

AUDITED AND APPROVED FOR PAYMENT:

By:

Date:

Amount:

EMPLOYEE INFORMATION:

Name: _____

Department Name: _____

Department #: _____

DATE: _____

Jan. 1 2026 RATE: 0.725

PLEASE NOTE YOU MUST CHANGE THE FORMULA IN THE REIMBURSMENT COLUMN WHEN SUMBITTING IF MILEAGE IS BEFORE 1.1.23

WAS YOUR TRIP STARTED FROM OR ENDED FROM YOUR HOME? IF YES, YOU MUST DEDUCT NORMAL COMMUTING MILEAGE FROM YOUR HOME TO OFFICE . PLEASE PUT YOUR NORMAL COMMUTING MILEAGE NUMBER IN THE COLUMN LABELED COMMUTING MILEAGE AND THE SHEET WILL AUTO CALCULATE MILES TO REIMBURSE. IF NO COMMUTING MILES NEED TO BE DEDCUTED PLEASE PUT A ZERO IN THAT COLUMN.

DATE	STARTING LOCATION	DESTINATION	DESCRIPTION/NOTES	MILEAGE	COMMUTING	REIMBURSEMENT
Example with Commuting miles being deducted from total trip as trip began or ended at home.				*30.00*	*10.00*	*$ -*
Example without commuting mileage. Trip was from Office. No commuting miles need to be deducted.				*15.00*	*0.00*	*$ -*
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
		$ -	$ -	0.00	0.00	$ -

Associate's Signature

Manager's Signature

Finance Approval