

New Beginnings for Life, LLC
Mileage Reimbursement (Weekly!)

Employee Name (printed): _____

Dates Covered: _____ to _____ Client(s) _____

Date	Destination	Starting Mileage	Ending Mileage	Total Miles

Total Miles _____

Total Miles _____ x \$0.64 = _____

Date	Other Expenses/Description (Receipts Attached)	Cost

Employee Signature _____
Manager Approval _____
Director Approval _____