Automobile Mileage Expense Report

Employee Name: _____

Participant Name: _____

Page _____ of _____ **Month/Year:** _____

* * * Mileage sheets must be turned in to the Full Life office by the 1st of the next month to be paid on the mid-month payroll.

DATE	ODOMETER READING START	ODOMETER READING END	TOTAL MILES TRAVELED	TRAVEL FROM (Be specific)	TRAVEL TO (Be specific)
		TOTAL MILES:			

I understand that I must have proof of liability insurance to be reimbursed for mileage. My policy is effective through _____ and Full Life has a current copy of my insurance card on file.

Employee Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

For Office Use Only:

$0.445/mile X _____ /total miles = $ _____ Checked by: _____

(Amount to be reimbursed)