**EXPENSE REIMBURSEMENT INVOICE**

**[COMPANY NAME]**

|  |  |
| --- | --- |
| Name: | Start Date: |
| Title / Position: | End Date: |
| Reimbursement Rate: | Total Miles Driven: |

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Reason** | **Odometer Start** | **Odometer End** | **Miles** | **Rate** | **Total** |
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|  | | | | | **TOTAL** |  |

Total Miles [ENTER MILES] X Reimbursement Rate [%]

**= $[DOLLARS].[CENTS]** (Total Requested Reimbursement)

Employee Printed Name: [EMPLOYEE NAME]

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: [SIGNING DATE]