

LOVE AT FIRST BITE



Mileage reimbursement request

Employee name: _____

Date of travel	Location travelled from	Location travelled to	Miles Traveled (Enter miles traveled less the mileage for your home to work commute)	Reason for travel (eg. client event name, seminar attended etc)

Total Miles Traveled: _____

Employee Signature: _____ Date: _____

Return all signed and completed forms to the Operations Manager. Mileage reimbursement may be denied if information is incomplete, travel was not approved in advance, or legitimacy of reimbursement claim is in question.

Operations Manager Use Only

Request received: (date) _____ Approved # miles for reimbursement _____

Approved by: _____ Date: _____

Date reimbursement check cut: _____ Initials confirming process completed: _____