



Employee Mileage Expense Report

Name: _____ Beginning Date: _____ Ending Date: _____

HOME	Street: _____
	City: _____ State: _____ Zip: _____

Base Location: _____ Position: _____

Employee ID#: _____ MUNIS Account #: _____

Purpose of trip: _____

Driving				
Date Mo/Day	Origin - Points Visited (Destination)	Total Mileage	Personal Mileage	State Used Mileage

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, that the above statements are true and I have incurred the described expenses and the state mileage in the discharge of my official duties for the state.

Total STATE MILEAGE used: _____ miles at **\$0.70** per miles: _____

NET Reimbursements: _____

Employee Signature: _____ Date: _____

Supervisor: _____ Date: _____