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| **Employee Mileage Expense Report** |
| Employee Name:  |  |  Period From: |  |
| Employee ID:  |  |  Period To: |  |
| Vehicle Description:  |  |  Total Reimbursement: |  |
|  |
| **Date** | **Description** | **Starting Location** | **Destination** | **Mileage Rate** | **Total Miles** | **Amount** |
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| **Total Reimbursement:**  |  |
|  |  |  |  |
| Employee Signature: |  | Date: |  |
| Authorized By: |  | Date: |  |
|  |