

MILEAGE LOG ATTACHMENT FOR REIMBURSEMENT

Record one category type of mileage per page (example: all PD mileage or all clinician mileage). **DO NOT MIX CATEGORIES.** Use **Total Number of KM** on your Employee Reimbursement and attach this document.

NAME: _____
(PLEASE PRINT)

CATEGORY TYPE:

<u>DATE</u> (d/m/yy)				<u>PURPOSE</u>	<u># KM.</u>
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____
_____	FROM	_____	TO	_____	_____

TOTAL NUMBER OF KM _____ @ 0.44 PER KM = \$ _____