Section 15.06 Appendix F – Employee Mileage Reimbursement Form .

Date: _____

Name: _____

Period From: _____ **To:** _____

Mileage Reimbursement Guidelines:

- The City will reimburse employee mileage at Internal Revenue Service approved federal rate.
- The employee is solely responsible for reporting all mileage incurred while conducting City business. Mileage is subject to review and approval by the department supervisor and the Finance Department. Amount requested for reimbursement may be changed upon review.

Date	Destination/Purpose	# Miles	X	IRS Rate	=	Reimbursement

TOTAL MILEAGE REIMBURSEMENT REQUESTED **$** _____

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

_____ _____
Finance Department Approval Date