**City of Barre
Mileage Reimbursement Request**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Beginning Reading** | **Ending Reading** | **Total Miles** | **Purpose** | **Destination** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Total Miles:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X $0.54.5 (2018) per mile = $**\_\_\_\_\_\_\_\_\_\_
 (*Enter Mileage*)

**Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Supervisors Signature Date**

**Account Number \_\_001-5040-130.0182\_**