



City and Borough of Sitka

Request for Mileage Reimbursement Form

Employee Name: _____

Department: _____

Pay Period End Date: _____

Rate Per Mile \$0.056

Total Mileage 0

Total Reimbursement \$0.00

NOTE: The IRS periodically changes the per mile reimbursement rate.

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Expense
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00
						0	\$0.00

Requester (signature): _____

Date: _____

Authorized Approver (signature): _____

Date: _____