

**Priest / Pastoral Administrator Diocese of Saginaw  
Mileage Reimbursement Form  
Page 1 of 2**

**Name:** \_\_\_\_\_

**Mileage Reimbursement Details**

	<b>Date</b>	<b>(A) Beginning Mileage</b>	<b>(B) Ending Mileage</b>	<b>(C=B-A) Total Miles</b>	<b>(D) Personal Miles</b>	<b>(C-D) Reimbursable Business Miles</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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27						
28						
29						
30						
31						

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

**Date Submitted:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Total Reimbursable Business Miles</b>	
X Current Mileage Rate	
<b>Total Reimbursable Expense Amount \$\$</b>	

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Mileage Reimbursement Form  
Page 2 of 2**

**Name:** \_\_\_\_\_

**Mileage Reimbursement Descriptions**

**\*\*Confidential: FILE Accordingly**

	<b>Date</b>	<b>Destination (From / To)</b>	<b>Purpose</b>
1			
2			
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\_\_\_\_\_  
**Employee Signature**

**Date Submitted:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_