

Employee Automobile Mileage Record



MANDATORY: Must list business name, full address, city, state, and zip code

Name: _____

Week of: _____

Date	From Address	To Address	Business Purpose	# of Miles	Mileage Reimbursement \$
TOTALS					

* Note: CAPS only pays mileage for dates in which we are paying wages (i.e. travel or work days).

Employee Signature Date

Approval Signature Date

2300 Empire Ave., 5th
Floor Burbank, CA 91504
Phone: 818-848-6022

1560 Broadway, Suite 701
New York, NY 10036
Phone: 818-848-6022