BOYS & GIRLS CLUB
OF GREATER SHASTA

Mileage Reimbursement Form
Boys & Girls Club of Greater Shasta

Employee Name: _____
Job Title: _____

Date	Start	End	Total	Location	Program

TOTAL MILES = _____ x .58 + $ _____

I certify htat the above mileage was necessary to complete my job duties pursuant to stated responsibilities listed in my job description. I understand that reimbursement of mileage is subject to verification by my employer.

_____ _____
Employee Signature Date