

# AMERICAN WOOD MOULDING MILEAGE & TOLLS

SHORT FORM

Month: \_\_\_\_\_

DATE	LOCATION FROM / TO	TOLLS	ODOMETER START	ODOMETER END	MILES TRAVELED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

I certify that the mileage reported is accurate & was incurred in the course of company business. I recognize that filing a fraudulent or false report is grounds for disciplinary action up to & including dismissal.

TOTAL MILEAGE : (1) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ (INSERT RATE AS .325 OR .1073) MILEAGE ALLOWANCE RATE : (2) \_\_\_\_\_

(MULTIPLY LINE 1 BY 2) TOTAL MILEAGE EXPENSE : (3) \_\_\_\_\_

Print Name: \_\_\_\_\_ TOLLS : (4) \_\_\_\_\_

Date: \_\_\_\_\_ MILEAGE & TOLLS REIMBURSEMENT TOTAL : \_\_\_\_\_

Once approved, mail report to: American Wood Moulding, Attn: Accounts Payable, 7458 New Ridge Road, Hanover, MD, 21076

**For Management Use Only**

Supervisor Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Employee Cost Center: \_\_\_\_\_