Monthly Kilometrage Form

*Indicates required fields

PAYABLE TO (Full Name)*

EMPLOYEE #*	DATE*

DATE (MMM-DD-YYYY)*	TRIP DETAILS*	KMS*

DATE (MMM-DD-YYYY)*	TRIP DETAILS*	KMS*

TOTAL KMS	
AMOUNT	
ACCOUNT #*	

RATE PER KM:	

(Space purposely left blank for accounting purposes)

EMPLOYEE SIGNATURE: ______________________

APPROVED BY: ______________________