Mileage Log and Reimbursement Form

Employee Name		**Rate Per KM**	**$ 0.27**
Employee ID		**For Period**	**From 5/9/02 to 5/9/02**
Vehicle Description		**Total Mileage**	**10**
Authorised By		**Total Reimbursement**	**$ 2.70**

Date	Starting Location	Destination	Description/Notes	Mileage Counter Start	Mileage Counter End	Mileage	Reimbursement
5/9/2002	Home Office	Northwind Traders	Client Meeting	36098	36103	5	$ 1.35
5/9/2002	Northwind Traders	Home Office	Client Meeting	36103	36108	5	$ 1.35
						0	$ -
						0	$ -
						0	$ -