

MILEAGE REIMBURSEMENT FORM

Employee Name: _____
Employee ID: _____
Department: _____

Mileage Details:

Date	Starting Location	Destination	Purpose of Trip	Odometer Start

Summary:
Total Kilometers Driven: _____
Reimbursement Rate (CAD per Km): _____
Total Reimbursement Amount (CAD): _____

Declaration and Certification:
I certify that the information provided in this Mileage Reimbursement Form is true and accurate to the best of my knowledge. I declare that the kilometers claimed are for authorized business travel only and comply with the policies of the company. I understand that false claims may result in disciplinary action including termination and legal consequences under applicable Canadian law.

Approvals:
Employee Signature _____ Date _____

1. Mileage reimbursement rates are set according to the Canada Revenue Agency guidelines.
2. Receipts for tolls, parking, and other related expenses should be attached separately.
3. Submit this form within the timeframe specified by company policy to ensure timely reimbursement.
4. This form complies with Canadian laws and regulations governing business expense reimbursements.

Original source of this document:

<https://legaltemplates-ca.com/mileage-form/>

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