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.