

# AUTOMOBILE EXPENSE REIMBURSEMENT FORM

TO: \_\_\_\_\_  
Name of Entity

FROM: \_\_\_\_\_  
Your Name

RE: REQUEST FOR REIMBURSEMENT OF EXPENSES

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During the month/quarter/calendar year \_\_\_\_\_, I, the undersigned, drove \_\_\_\_\_ \* miles for business purposes of the above entity. I hereby request reimbursement of such mileage at the applicable rate designated by the Internal Revenue Service.

Dated: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature

Vehicle Info:

Year \_\_\_\_\_  
Make \_\_\_\_\_  
Model \_\_\_\_\_  
Total Miles \_\_\_\_\_  
of that  
Business Miles = \_\_\_\_\_ \*

Applicable Mileage Rates:

2017	-	\$ 0.535
2018	-	\$ 0.545
2019	-	\$ 0.58
2020	-	\$ 0.575