

AUTOMOBILE EXPENSE REIMBURSEMENT FORM

TO: _____
Name of Entity

FROM: _____
Your Name

RE: REQUEST FOR REIMBURSEMENT OF EXPENSES

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:

2020	-	\$ 0.575
2021	-	\$ 0.56
2022 (1/1-6/30)	-	\$ 0.585
2022 (7/1-12/31)	-	\$ 0.625
2023	-	\$ 0.655
2024	-	\$ 0.670
2025	-	\$ 0.70