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:

2023	-	$ 0.655
2024	-	$ 0.670
2025	-	$ 0.70
2026 (up to June 30)	-	$ 0.725
2026 (July 1 or after)	-	$ 0.76