Philander Smith College
Mileage Log and Reimbursement Form

Employee Name		Rate Per Mile	$0.50
Department		For Period	From 1/0/00 to 1/0/00
Account Code		Total Mileage	0
Authorized By		Total Reimbursement	$0.00

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Reimbursement
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
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						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
					Totals	**0**	**$0.00**