

# MASTER STAFFING, INC.

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## Mileage Log and Expense Report

Employee Name \_\_\_\_\_

Rate Per Mile \_\_\_\_\_

Period \_\_\_\_\_

Total Mileage \_\_\_\_\_

Total Reimbursement \_\_\_\_\_

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Reimbursement

**Totals**