Archdiocese of Atlanta
EMPLOYEE MILEAGE
EXPENSE REPORT

☐ **ACH Payment**
☐ **Paper Check**

Employee Name: _____

Department: _____

Period Ending: _____

Approval
Supervisor:
Finance:

Date	GL. Number	Fund	Dept. Code	Description of Mileage	Number of Miles	Rate 0.585	Total
	5072	200				0.585	$ -
	5072	200				0.585	$ -
	5072	200				0.585	$ -
	5072	200				0.585	$ -
	5072	200				0.585	$ -
	5072	200				0.585	$ -
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	5072	200				0.585	$ -
	5072	200				0.585	$ -
	5072	200				0.585	$ -
					-	**TOTAL**	$ -

Employee signature: _____ Date: _____