OAKVILLE

AUTOMOBILE MILEAGE AND EXPENSE CLAIM

Month of: _____

NAME: DEPARTMENT:

Business Unit **.5420.1** EMPLOYEE # (Subledger)

****ALL ITEMS IN THIS SECTION MUST BE COMPLETED****

DATE	FROM	TO	KM
		SUB TOTAL (A)	
		TOTAL FROM BACK PAGE (B)	
		TOTAL KMS (A)+(B) = (C)	
NOTE: Use the current rate as circulated by Payroll		@ current rate $0.535x (C)	$
Rate on internet under Finance.		OTHER	
ANY amount as "OTHER" must be AUTO RELATED			
ONLY and fully explained.			
Meals should not be claimed herein.			
I hereby certify that the information and mileage			
claimed herewith is a true and correct record of			
my travel in my personal automobile for Town		TOTAL OTHER (D)	$
business only.		**TOTAL $ CLAIM** (C)+(D)	$

Signature of claimant: _____

Approved by: _____ Date: _____

REMIT COMPLETED FORMS TO PAYROLL SECTION, FINANCE DEPARTMENT, EXT. 3066
PLEASE ALLOW 14 DAYS FOR PROCESSING

OAKVILLE

AUTOMOBILE MILEAGE AND EXPENSE CLAIM

Month of: 0

DATE	FROM	TO	KM