



eDruk Private Limited,
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Mileage Reimbursement Form

Employee Name:				Designation:		Mobile No:			
Vehicle Number:				Department:		Account No:			
Date	Odometer Start	Travel Route		Odometer End	Purpose of Travel	Description of Note	Miles Traveled	Rate/Miles	Total
		From	To						
Total (Mileage) Nu.									
Travel is performed for official Purpose and claims are genuine									

Signature of Employee

Date:

Name/Signature of Finance Head

Date:

Proposed Mileage Approved/Not approved CEO

Chief Executive Officer