THE SECH-KAR COMPANY

MILEAGE / EXPENSE REIMURSEMENT

DATE	TRAVEL POINTS	BEGIN ODOMETER	END ODOMETER	TOTAL MILEAGE	EXPLANATION TRAVEL OR EXPENSE	EXPENSE AMOUNT

Print Name:____ **Subtotal of Expenses**

Signature:____ ____________ **times $.35 per mile**

Date:________________________ **Approval:**_____________ **Total Mileage** **Total Reimbursement**