



Village of Solomon Box 2053 Nome Alaska 99762 phone 443-4985 fax 443-5189

MILEAGE LOG/REIMBURSEMENT FORM

Employee Name: _____ Date: _____

Per IRS, Privately Owned Vehicle Mileage Reimbursement Rates, Effective 1/1/19

Automobile: \$0.58

Date	Start Odometer Reading	End Odometer Reading	Total Mileage	Purpose of Trip

Employee Signature & date

APPROVED BY:

Supervisor's Signature & date