

# 2014 Teamsters Member Mileage Reimbursement Request

Please print legibly

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date	Destination/Purpose	Total Miles

Total Miles: \_\_\_\_\_

X **2014** IRS Business Mileage Reimbursement Rate: **\$0.56** Effective 01/01/2014

Total Reimbursement Due:

\_\_\_\_\_

Approval: Brian Aldes  
Sec'y Treasurer/320