

# 2016 Teamsters Member Mileage Reimbursement Request

Please print legibly

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

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

\_\_\_\_\_

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

Date	Destination/Purpose	Total Miles

Total Miles:

X **2016** IRS Business Mileage Reimbursement Rate: **\$00.54** Effective 01/01/2016

Total Reimbursement Due: \_\_\_\_\_

\_\_\_\_\_  
Approval: Business Agent

\_\_\_\_\_  
Approval: Brian Aldes,  
Sec'y Treasurer/320