

2020 Teamsters Member Mileage Reimbursement Request

Please print legibly

Name: _____ Employer: _____

Address: _____

Signature: _____ Date: _____

Date	Destination/Purpose	Total Miles

Total Miles:

X **2020** IRS Business Mileage Reimbursement Rate: **\$00.575** Effective 01/01/2020

Total Reimbursement Due: _____

Approval: Business Agent

Approval: Brian Aldes,
Sec'y Treasurer/320