# Employee Automobile Mileage Record

CAPS
A Cast & Crew Company

Name: _____ Week of: _____

| Date | From Address | To Address | Business Purpose | # of Miles | Mileage Reimbursement $ |
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| | | | **TOTALS** | 0.00 | $ 0.00 |

Employee Signature Date

Approval Signature Date

2300 Empire Ave., 5th Floor
Burbank, CA 91504
Phone: 310-280-0755

36 W. 20th St., 3rd Floor
New York, NY 10011
Phone: 310-280-0755