VITERI CONSTRUCTION MANAGEMENT, INC.

CASH REIMBURSEMENT

Employee Name: _____ Date: _____

JOB #	PHASE	DATE	VENDOR/SUPPLIER	DESCRIPTION	AMOUNT

TOTAL _____

WEEKLY MILEAGE LOG

		X .485	Total Mileage Amount =		

Total Reimbursement Request _____

Submitted By: _____ Title: _____

Approved By: _____ Paid: _____ Check # _____
(Date)

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