



O-YA Mileage Expense Claim

Name: _____

Date Claim Submitted: _____

Travel From: _____

Travel To: _____

Date of Travel: _____

Round Trip Mileage: _____

Amount of Claim: _____
(Mileage x 35 cents / km)

Reason for Travel: _____

O-YA Admin Use Only

Amount Paid: _____

Date Paid: _____

Method of Payment: _____