



BLI CONTRACT SECURITY DIVISION
A DIVISION OF BLUE LINE INDUSTRIES

MILEAGE REIMBURSEMENT REQUEST

Please note that only mileage traveled on patrol and other qualifying mileage will be reimbursed at the discretion of the management pursuant to our General Orders.

Date	Destination or Contract Location/Site	Traveled from (City/Town)	Traveled to (City/Town)	Reimbursable mileage

NAME: _____ RANK: _____

I hereby affirm that all mileage listed above was for travel required, pursuant to my special duties as a security officer, management, support staff or contractor. All Mileage is Qualifying Mileage pursuant to our General Orders.

SIGNED _____ Dated _____

Office Use Only

Approved: _____ Amount: _____ Check No: _____

