GreenSlate
150 W. 30th Street, Suite 405
New York, NY 10001
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MILEAGE REIMBURSEMENT FORM

PRODUCTION COMPANY: _____ PRODUCTION TITLE: _____

EMPLOYEE NAME: _____ EMPLOYEE SS#: _____

LOAN OUT CORP NAME: _____ FEDERAL ID #: _____

MILEAGE REIMBURSEMENT WILL BE PAID TO THE UNDERSIGNED EMPLOYEE

FOR THE PRO-RATABLE AMOUNT OF $_____ PER MILES/DAY

X _____ # OF MILES/DAY = _____ TOTAL

IF PAYMENTS ARE BEING MADE FOR BUSINESS USE OF EMPLOYEES' VEHICLE, SUCH PAYMENTS **MUST** BE REPORTED BASED ON THE NUMBER OF ACTUAL MILES OF BUSINESS USE. CURRENTLY, SUCH PAYMENTS FOR MILEAGE WOULD BE NON-TAXABLE TO EMPLOYEES, SUBJECT TO A MAXIMUM PAYMENT OF $**.545 cents PER MILE**. ANY EXCESS OVER IRS LIMIT WILL BE CONSIDERED AS ADDITIONAL COMPENSATION SUBJECT TO ALL WITHHOLDING TAXES.

***SIGNATURES MUST BE BELOW FOR PAYMENT**

DATE	FROM	TO	DESTINATION	MILES DRIVEN

Employee Signature & Date

Authorized Signature & Date