Required Fields

FI 40B FY08
06/2007
Division of Finance

Employee Name _____ Title _____

Employee Number _____ Payroll Period _____ MM/DD/YYYY

Home Dept. Code _____ Unit _____ Distribution Code _____

PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .485 PER MILE (FY08)

Date MM/DD/YYYY	From	To	Beginning Mileage	Ending Mileage	Miles Driven	Fund	Dept	Unit	Approp	Act	Function	Program	Phase	Business Purpose of Miles Driven	*
			0	0	0										1
			0	0	0										
			0	0	0										
			0	0	0										
			0	0	0										
			0	0	0										
			0	0	0										
			0	0	0										
			0	0	0										
			0	0	0										
			0	0	0										
			0	0	0										
			0	0	0										
				Total Miles	0	X .485 =								$0.00	

Total Amount
(Wage Type 1183)

I hereby certify that this mileage was incurred on official State business and that the amounts are correct and proper.

* Reason(s) for reimbursing at 48.5 cents per mile:
1 - Agency vehicle (L/T lease from fleet) not reasonably available
2 - Daily Pool Fleet vehicle not reasonably available
3 - Other - Attach documentation

_____ Signature of Traveler

_____ Date

_____ Department Name

_____ Division

_____ Reviewed and Approved - Dept. Head/Immediate Supervisor Signature

_____ Payroll Clerk - Initial and Date