FI 40A FY12
07/2008
Division of Finance

Clear Form

Employee Name _____ Title _____

Employee Number _____ Payroll Period _____ MM/DD/YYYY

Home Dept. Code _____ Unit _____ Distribution Code _____

PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .36 PER MILE (FY 12)

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									
			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 .36 =		$0.00			(Object Code 6002 or Wage Type 1183)			

Total Amount

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

Signature of Traveler _____ Date _____ Department Name _____ Division _____

Reviewed and Approved - Dept. Head/Immediate Supervisor Signature _____ Payroll Clerk - Initial and Date _____