



*Employee Name

*Employee Number

Title

Payroll Period (MM/DD/YYYY)

*Home Dept. Code Unit

Distribution Code

PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .54 PER MILE

Date <small>MM/DD/YYYY</small>	From	To	Beginning Mileage	Ending Mileage	Miles Driven	Fund	Dept	Unit	Approp	Act	Function	Program	Phase	Business Purpose of Miles Driven	*

Total Miles

X .54 =

Total Amount
(Wage Type 1195 or
Object Code 6004)

* Reason(s) for reimbursing 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

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