FI 40A FY19 AR
Revised:07/2018
Division of Finance

Clear Form

*Employee Name

*Employee Number

Title

Payroll Period (MM/DD/YYYY)

*Home Dept. Code

Unit

Distribution Code

PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .42 PER MILE

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									
			0	0	0									

Total Miles 0 **X .42 =** $0.00 Total Amount

(Object Code 6002 or Wage Type 1183)

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