

Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

FI 40B CY21 AR
Revised: 04/2021
Division of Finance



*Employee Name

*Employee Number

Title

Payroll Period (MM/DD/YYYY)

*Home Dept. Code Unit

Distribution Code

PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .56 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	*

Total Miles **X .56 =**

Total Amount

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

Wage Type 1195 or Object Code 6004 for Non-taxable Mileage
Wage Type 1122 or Object Code 5120 for Taxable Mileage

* Reason(s) for reimbursing at 56 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