



*Employee Name

*Employee Number

Title

Payroll Period (MM/DD/YYYY)

*Home Dept. Code Unit

Distribution Code

PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .57 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 .57 =**

Total Amount
 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 57 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