FI 40B AR Revised:
10/01/2017
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 .53 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	0	X .53 =			$0.00						

Total Amount
(Wage Type 1195 or
Object Code 6004)

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

* Reason(s) for reimbursing at 53 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