FI 40B 01/2016 Division of Finance



Employee Name

**Employee Number** 

Home Dept. Code

Title

Payroll Period

MM/DD/YYYY

Unit Distribution Code

## PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .54 PER MILE Date **Ending Business Purpose of** Beginning Miles Fund Dept Unit Approp Act То From **Function Program** Phase Mileage Mileage Driven Miles Driven MM/DD/YYYY

X .54=

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

Total Amount (Wage Type 1195 or Object Code 6004)

- \* Reason(s) for reimbursing at 54 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

Date

Total Miles

Department Name

Division