Jay Nolan Community Services Monthly Mileage Report

By signing and submitting this form you verify that all information is true and correct, and that you understand and agree to abide by the Jay Nolan Community Services Mileage and Mileage Reimbursement Policy effective 7/1/19. This report must be signed by you and received by your supervisor no later than the last day of the month.

Printed Name:	Position:				
Month/Year:	Department to be charged:				
**** Use Multiple Sheets If Necessary ****					

Driving Date Month/Day	Start City and Destination	End City and Destination	Purpose	Miles
8-16	Sample - Mission Hills/Supported Person Home	Sample - Mission Hills/Doctor Office	Sample - appointment	

•			Monthly Miles	
My daily base Miles are	•	Tota	al Monthly Base Miles Deduction	
			Total Miles	
	· C	Drive	Mileage Rate	0.57
		Safely!	Mileage Benchmark	
	-		Amount Paid	
	**** U	se Multiple Sheets If Necessary ****	_	
Printed Name:				
Signature:	Date:	Supervisor Signature:	Date:	
	for gas, oil, repa	CA drivers license and auto insurance irs, depreciation and all other costs able:		
Reason for adjustment to mile	es:			

Revised: January 2020 (forms) Approved by HR Director