

# Jay Nolan Community Services

## Monthly Mileage Report

**This report must be signed by you and received by your supervisor no later than the 5th of the following month. Failure to submit in a timely manner may result in a disciplinary action. If you have any questions, please direct them to your supervisor.**

**Name:**\_\_\_\_\_ **Position:**\_\_\_\_\_

**Month:**\_\_\_\_\_ **Department to be charged:**\_\_\_\_\_

<b>Day</b>	<b>Destination/Purpose</b>	<b>Miles</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10</b>		
<b>11</b>		
<b>12</b>		
<b>13</b>		
<b>14</b>		
<b>15</b>		

Day	Destination/Purpose	Miles
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		



Drive  
Safely!

<b>Total Miles</b>	
<b>Mileage Rate</b>	<b>0.535</b>
<b>Mileage Benchmark</b>	
<b>Amount Paid</b>	

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Supervisor Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form I certify that I have a valid CA drivers license and insurance, and understand that this is not an agency vehicle and that all costs for gas, oil, repairs, depreciation, and all other costs owning and operating a vehicle are included in the mileage rate.

**Supervisor to complete if adjustments applicable:**

**Reason for adjustment to miles** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_