**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** |
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|---|---|
| Total Miles | 0 |
| Mileage Rate | 0.575 |
| Amount Paid | $0.00 |

Drive Safely!

iple Sheets If Necessary ****

**Printed Name:_____**

**Signature:_____ Date:__ Supervisor Signature:_____ Date:_____**

**By signing this form, I certify that I have a valid CA drivers license and auto 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:_____**

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**Revised: January 2020 (forms) Approved by HR Director**