

Total Miles	
Mileage Rate	0.560
Amount Paid	



Drive Safely!

**** Use Multiple 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: _____