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**

Total Miles	0
Mileage Rate	0.625
Amount Paid	$0.00

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:_____

_____

Revised: January 2020 (forms) Approved by HR Director