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

are included in the mileage rate.			
By signing this form, I certify that I have a valid agency vehicle and that all costs for gas, oil, rep		·	
Signature:	Date: Supervisor Si	gnature: Date:_	
**** Use Multiple Sheets If Necessary **** Printed Name:			
	Safely!	Amount Paid	\$0.0
	Drive	Mileage Rate	0.65
3 -		Total Miles	1

Revised: March 2023 (forms) Approved by HR Director