




Total Miles	0
Mileage Rate	0.655
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: \_\_\_\_\_