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

	3			Total Miles		
		Drive		Mileage Rate	0.67	
		Safely!	Amount Paid \$0			
**** Use Multiple She	ets If Necessary ****					
Printed Name:						
Signature:	Da	te: Sup	ervisor Signature:	Date:		
	n, I certify that I have a valid CA that all costs for gas, oil, repair mileage rate.					
Supervisor to com	plete if adjustments applica	ble:				
Reason for adjustment to miles:						

Revised: January 2024 (forms) Approved by HR Director