

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:** _____

Position: _____

Month/Year: _____ **Department to be charged:** _____

Department to be charged: _____

**** Use Multiple Sheets If Necessary ****



Total Miles	
Mileage Rate	
Amount Paid	\$

**** 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: