MILEAGE AND RELATED VEHICLE EXPENSE WORKSHEET

Do not record mileage traveled from or to your home, only mileage traveled on City Business

NAME — Name

DEPARTMENT

TITLE — (i.e. Rescue Specialist)

DIVISION — License Number

REPORTING PERIOD

AUTO INSURANCE CO. — Name & Policy #

POLICY NO.

DRIVER'S LICENSE NO.

AUTO LICENSE NO.

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Date	Destination	Odometer		Net Miles		Parking		Telephone Calls		Tolls	Other	Total Daily Expenses
		Beginning	Ending	Number	Amount (Net X Rate)	Lots	Meters	Number	Amount			
	Total Brought Forward (When this is a continuation)											$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
				0	$0.00							$0.00
	TOTALS:			0	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00

Tag # (i.e. PA YCG-1234)

i.e.: 01/12/01 - 01/24/12

Date

i.e.: Home to SOC

Starting Mileage

Ending Mileage

Total will carry over to front sheet

Sign Here

Date form is completed

I certify that the mileage recorded on this report is correct and in accordance with Administrative Board Rule No. 2. I further certify that I have a valid driver's license, valid automobile insurance in accordance with Pennsylvania's Motor Vehicle Financial Responsibility Law, and current legal State cehicle registration, inspection, and emission stickers

EMPLOYEE'S SIGNATURE	DATE		APPROVED - SUPERVISOR'S SIGNATURE	DATE