

P.P. NO	4 DIGIT YEAR	EMPLOYEE NAME	DEPT ID/LOCATION	
			AR	
PP ID	DOCUMENT ID	ALPH ID	JOB CODE	JOB CODE DESCRIPTION



PRIOR PERIOD ADJUSTMENT - AUTO ALLOWANCE/REIMBURSEMENT

EVENT DATE			EARN CODE	AMOUNT	ACCOUNT CODE	
MO	DAY	4 DIGIT YR			PROGRAM	PROJECT/GRANTS
			901			
			921			
TOTAL AMOUNT						

Report mileage from primary auto below. If necessary, report mileage from other autos on reverse side of form.

INSTRUCTIONS: Make required entries each work day. On the first work day of the following month forward the completed form to the department head for signatures.

DAILY AUTOMOBILE ALLOWANCE/REIMBURSEMENT RECORD LICENSE PLATE NO. _____ MONTH OF _____ 200_____

DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE	
		HACM	PERSONAL*			HACM	PERSONAL*			HACM	PERSONAL*
1				12				23			
2				13				24			
3				14				25			
4				15				26			
5				16				27			
6				17				28			
7				18				29			
8				19				30			
9				20				31			
10				21				Totals This Month			
11				22				Totals Last Report			

*INCLUDES DAILY AVERAGE MILES BETWEEN WORK AND HOME (INCLUDE LUNCH) OF _____ MILES.

I certify that I drove my private auto the mileage indicated and for HACM business, that my operator's license and vehicle registration were valid during this period and that I am adequately covered by auto insurance. If insurance coverage has changed submit information and check here

Employee's Signature Date

I have reviewed the mileage reimbursement request and believe it conforms to S. 350-183 of the Code of Ordinances and that the mileage shown appears reasonable and is in accordance with his employee's duties.

Department Head's Signature Date

- Total miles driven-all autos _____
- Reimbursement per HACM rates _____
- Miles on line 1 times Federal rate (enter to earn code 901) _____
- Line 2 less 3, if negative, use brackets (enter to earn code 921) _____

DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE	
		HACM	PERSONAL*			HACM	PERSONAL*			HACM	PERSONAL*
1				12				23			
2				13				24			
3				14				25			
4				15				26			
5				16				27			
6				17				28			
7				18				29			
8				19				30			
9				20				31			
10				21				Totals This Month			
11				22				Totals Last Report			

AUTO NO. 3

DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE	
		HACM	PERSONAL*			HACM	PERSONAL*			HACM	PERSONAL*
1				12				23			
2				13				24			
3				14				25			
4				15				26			
5				16				27			
6				17				28			
7				18				29			
8				19				30			
9				20				31			
10				21				Totals This Month			
11				22				Totals Last Report			

Only those HACM officials and employees occupying positions designated in the positions ordinance as being eligible for private automobile allowance are authorized for this reimbursement when, at the discretion of the department head, it is necessary that such automobiles be used on HACM business. Such official or employee shall maintain no less than the minimum automobile insurance prescribed by state law and shall have declared the use of his or her vehicle on HACM business to the insurance company to protect HACM's interest. It shall be the responsibility of the department head to verify that the employee is adequately covered by such insurance prior to authorizing the use of the employee's vehicle. The department head shall approve all mileage reports. +

REMARKS: _____

Miles Auto 1 _____

Miles Auto 2 _____

Miles Auto 3 _____

Total Miles _____

Carry forward to front of form