

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	
		CITY	PERSONAL*			CITY	PERSONAL*			CITY	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 City business, that my operator's license and vehicle registration were valid during this period and that I am adequately covered by auto insurance. Submit a revised form CBP-138 if insurance coverage has changed and check here ()

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

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

DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE	
		CITY	PERSONAL*			CITY	PERSONAL*			CITY	PERSONAL*
1				12				23			
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Only those City 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 City 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 city business to the insurance company to protect the city'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. In addition, mileage reports exceeding 1000 miles require concurrence by the Committee on Finance and Personnel prior to processing payment thereon.

REMARKS: _____

Miles Auto 1 _____
 Miles Auto 2 _____
 Miles Auto 3 _____
 Total Miles _____
 Carry forward to front of form