PIMA COUNTY MILEAGE REPORT

EMPLOYEE NAME: Deborah A. Miller
EMPLOYEE IDENTIFICATION NUMBER: 212746

DEPARTMENT: BOS Dist 3
MILEAGE FOR MONTH/YEAR: Oct 2013

DATE	DEPARTED FROM	BEGINNING ODOMETER	ARRIVED AT	ENDING ODOMETER	ADDRESS *	TOTAL MILEAGE
10/24/13	Residence	87438	Ajo	87589	1850 N Ajo Gila Bend Highway	151
10/25/13	Ajo	87589	Residence	87738	1651 E Glenn	149
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0

PERSONAL MILEAGE IS DEFINED IN THE LOCAL MILEAGE ADMINISTRATIVE PROCEDURE. TO CALCULATE PERSONAL MILEAGE FOR A COMMUTER THAT HAS A REGULAR WORK PLACE, COMPLETE THE FOLLOWING: ADD THE NUMBER OF DAYS TRAVELED, THEN MULTIPLY THIS NUMBER BY THE REGULAR COMMUTE MILES TO AND/OR FROM YOUR REGULAR WORK PLACE. (10 DAYS X 12 MILES = 120)

TO CALCULATE **PERSONAL MILEAGE** IF YOU DO NOT HAVE A REGULAR JOB SITE, ADD THE NUMBER OF MILES FROM YOUR HOME TO THE FIRST WORK SITE, THEN ADD THE NUMBER OF MILES FROM THE LAST WORK SITE BACK TO YOUR HOME. ADD EACH DAY'S PERSONAL MILEAGE TO OBTAIN THE MONTHLY PERSONAL MILEAGE.

TOTAL MILEAGE	300
LESS PERSONAL MILEAGE	8
REIMBURSABLE MILES	292

* PUBLIC HEALTH NURSING AND CONSUMER HEALTH AND FOOD SAFETY ARE NOT REQUIRED TO COMPLETE THE ADDRESS COLUMN. DETAILED LOGS ARE COMPLETED AND MAINTAINED BY THE HEALTH DEPARTMENT.

MILEAGE REIMBURSEMENT # OF MILES 292 X RATE $0.445 = $ 129.94 + PARKING $_____ (ATTACH RECEIPTS) = TOTAL REIMBURSEMENT $ 129.94

BY SIGNING BELOW: 1) AS THE CLAIMANT, I CERTIFY I HAVE A VALID DRIVER LICENSE, CURRENT VEHICULAR LIABILITY INSURANCE, AND THE VEHICLE DRIVEN HAS CURRENT REGISTRATION.
2) CLAIMANT AND SUPERVISOR CERTIFY THAT THE ABOVE AMOUNTS ARE CORRECT AND WERE EXPENDED IN DISCHARGE OF DUTIES TO THE BENEFIT OF THE COUNTY.

Deborah A Miller — CLAIMANT'S SIGNATURE
10/28/13 — DATE
SUPERVISOR'S SIGNATURE
10/28/13 — DATE

THE MILEAGE REIMBURSEMENT WARRANT WILL BE MAILED TO THE HOME ADDRESS ON FILE IN THE PAYROLL SYSTEM.

REVISED 02/01/13

PIMA COUNTY
FINAL TRAVEL RECONCILIATION

(to be completed upon traveler's return)

Traveler's Name:	Deborah Miller	Destination:	Ajo, AZ
Vendor Number:	121746	Purpose:	Meetings
Department Name:	BOS Dist 3	Departure Date/Time:	Oct 24th at 6:45 a.m.
		Return Date/Time:	Oct 25th at 3:00 p.m.

Travel Expenditures Itemized Per Day

Date	Registration	Transportation	Mileage Expense (Mileage x Rate)	Lodging	Per Diem	Other	Line Total
10/24/13			65.41	67.83	31.00		164.24
10/25/13			64.53		20.00		84.53
							0.00
							0.00
						Total Allowable Expense:	$248.77

Advances/Prepaid Expenses

Type Of Expense	Document Type	Document Number	Amount	Prepaid Payee	Line Total
Registration:					0.00
Transportation:					0.00
Lodging:					0.00
Per Diem:					0.00
Other:					0.00
				Total Advances/Pre-Paid Expenses	$0.00

Amount Due Employee: $241.55

Travel Payment No.:_____ Date_____

Amount Due Pima County:

Cash Receipt No.:_____ Date_____

I hereby certify that the above travel was completed in the performance of official duties, that the information given above is true in all respects, and that no travel payment (TP) document has before been made for any part thereof, and that i am not indebted to Pima County in any manner.

Deborah R Miller
Traveler's Signature

10/28/13
Date

*Note: Receipts must be attached for Lodging, Transportation, and Miscellaneous expenses.

Revised: 09/29/2011

La Siesta Motel & RV R
2561N Ajo-Gila Bnd Hwy
AJO, AZ 85321
520-387-6569

TERMINAL ID.: 70411875
MERCHANT #: 300980438153

MASTERCARD SWIPED
**********6119 EXP:**/**

SALE
BATCH: 000496 INV: 003284
Oct 24, 13 15:00
RRN: 329722407661 AUTH: 52043P
TRAN SEQ #: 007085

TRANSACTION ID: 1024MCWAZCOGR

APPROVAL 52043P

TOTAL $67.83

DEBORAH A MILLER

THANK YOU!

CUSTOMER COPY

ROOM 34 NAME Deb Miller

ADDRESS

CITY STATE ZIP

REPRESENTING

SIGNATURE Deb Miller

CAR LIC. NO. STATE AZ

MAKE OF CAR CHEVY IMPALA NO. IN PARTY

NOTICE TO OUR GUESTS: - This property is privately owned and management reserves the right to refuse service to anyone, and will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind.

LA SIESTA MOTEL
& RV RESORT, LLC
2561 N. Ajo-Gila Bend Hwy.
Ajo, AZ 85321
(520) 387-6569

DATE IN 10/24/13
DATE OUT 10/25/13

DAYS OCCUPIED

S	M	T	W	T	F	S	PHONE

RATE 60.00
ROOM TOTAL
TAX (IF ANY)
PHONE
AMOUNT PAID 67.83

TOTAL DAYS CHARGED 1 Day

1031 Central Business Forms PO Box 220 Bondurant, IA 50035 1-800-545-4133