

TP 1282833

PIMA COUNTY MILEAGE REPORT

EMPLOYEE NAME: Deborah A. Miller DEPARTMENT: BOS - District 3

EMPLOYEE IDENTIFICATION NUMBER: 121746 MILEAGE FOR MONTH/YEAR: Feb 2012 /

DATE	DEPARTED FROM	BEGINNING ODOMETER	ARRIVED AT	ENDING ODOMETER	ADDRESS *	TOTAL MILEAGE
01/17/12	130 W Congress	71,182	TMS	71,195	Ajo Highway - Zion Lutheran Church	13
01/17/12	Ajo Highway	71,195	Residence	71,209	1651 E Glenn	14
02/01/12	130 W Congress	71,257	Tuc Estates	71,273	5900 W Way Circle	16
02/01/12	5900 W Way Circl	71,273	Office	71,289	130 W Congress	16
02/02/12	1651 E Glenn	71,303	Ajo, AZ	71,454	290 5th St	151
02/03/12	290 5th St	71,554	Residence	71,712	1651 E Glenn	158
02/15/12	130 W Congress	71,815	ADOT	71,817	1221 S 2nd Ave	2
02/15/12	1221 S 2nd Ave	71,817	Family Services	71,822	3830 W Bellevue	5
02/15/12	3830 W Bellevue	71,822	Office	71,828	130 W Congress	6
02/21/12	130 W Congress	71,971	Tuc Estates	71,988	5900 W Way Circle	17
02/21/12	5900 W Way Circl	71,988	Residence	72,001	1651 E Glenn	13
<p><b>PERSONAL MILEAGE IS DEFINED IN THE LOCAL MILEAGE ADMINISTRATIVE PROCEDURE. TO CALCULATE PERSONAL MILEAGE FOR A COMPUTER 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)</b></p>						
<p><b>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.</b></p>						
<p>* 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.</p>						
<p>MILEAGE REIMBURSEMENT # OF MILES <u>395</u> X RATE <u>0.405</u> = \$ <u>159.98</u> + PARKING \$ _____ (ATTACH RECEIPTS) = TOTAL REIMBURSEMENT \$ <u>159.98</u></p>						
<p>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.</p>						
<p>CLAIMANT'S SIGNATURE: <u>Deborah Miller</u> DATE: <u>3/1/12</u></p>						
<p>DATE: <u>3/1/12</u></p>						
<p>SUPERVISOR'S SIGNATURE: <u>[Signature]</u></p>						

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