

## PIMA COUNTY MILEAGE REPORT

EMPLOYEE NAME: Jeanne L. Davis  
 EMPLOYEE IDENTIFICATION NUMBER: u130970

DEPARTMENT: Board of Supervisors, District 1  
 MILEAGE FOR MONTH/YEAR: September 2014

DATE	DEPARTED FROM	BEGINNING ODOMETER	ARRIVED AT	ENDING ODOMETER	ADDRESS *	TOTAL MILEAGE
	130 W. Congress					0
10/2/14	130 W. Congress	10120	ICS	10144	2820 W. Ina Rd.	24
10/6/2014	130 W. Congress	10401	Oracle Foothills The LOdge	10416	5185 N. Genematas	15
10/6/2014	130 W. Congress	10416	Kirk Bear Canyon Library	10442	8959 E. Tanque Verde	26
10/8/14	130 W. Congress	10542	Constituent Home	10556	7955 Leonardardo da Vinci Way	14
10/8/14	130 W. Congress	10556	Constituent Alley	10574	2700 W. Placita del huerto	18
10/9/14	130 W. Congress	10621	Dusenberry library	10641	5605 E. River Rd.	20
10/14/14	130 W. Congress	10996	Udall Park	11018	7200 E. Tanque Verde Rd.	22
10/16/14	130 W. Congress	11107	Rancho Escondido HOA	11135	8148 N. Camino de la Viola	28
10/22/14	130 W. Congress	11610	Dusenberry Library	11630	5605 E. River Rd.	20
10/23/14	130 W. Congress	11682	Flowing Wells Comm. Center	11695	1650 W. Ruthrauff Rd.	13
10/23/14	130 W. Congress	11695	Wheeler Taft Abett	11721	7800 N. Schisler Dr.	26

**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.

<b>TOTAL MILEAGE</b>	226
<b>LESS PERSONAL MILEAGE</b>	
<b>REIMBURSABLE MILES</b>	226

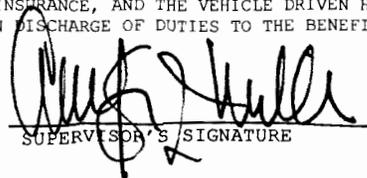
\* PUBLIC HEALTH NURSING AND CONSUMER HEALTH AND FOOD SAFETY ARE NOT REQUIRED TO COMPLETE THE ADDRESS COLUMN. DETAILED LOGS ARE COMPLETED AND MAINTAINED BY THE HEALTH DEPARTMENT.

MILEAGE REIMBURSEMENT # OF MILES 226 X RATE \$0.445 = \$ 100.57 + PARKING \$ \_\_\_\_\_ (ATTACH RECEIPTS) = TOTAL REIMBURSEMENT \$ 100.57

- 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.

  
 CLAIMANT'S SIGNATURE

10/24/14  
 DATE

  
 SUPERVISOR'S SIGNATURE

10/24/14  
 DATE

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