



TP 16 * 2485

PIMA COUNTY
FINAL TRAVEL RECONCILIATION
(to be completed upon traveler's return)

Traveler's Name:	Deborah A. Miller	Destination:	Ajo
Vendor Number:	121746	Purpose:	Meetings
Department Name:	BOS Dist 3	Departure Date/Time:	2/4/16 12:30pm
		Return Date/Time:	2/4/16 11:00pm

Travel Expenditures Itemized Per Day

Date	Registration	Transportation	Mileage Expense (Mileage x Rate)	Lodging	Per Diem	Other	Line Total
2/4/16			\$ 137.06				137.06
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00

Total Allowable Expense: \$

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: 137.06

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 A. Miller
Traveler's Signature

2/15/16
Date

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

K... 2/19/16

PIMA COUNTY MILEAGE REPORT

EMPLOYEE NAME: Deborah A. Miller
 EMPLOYEE IDENTIFICATION NUMBER: 121746

DEPARTMENT: BOS - District 3
 MILEAGE FOR MONTH/YEAR: February 2016

DATE	DEPARTED FROM	BEGINNING ODOMETER	ARRIVED AT	ENDING ODOMETER	ADDRESS *	TOTAL MILEAGE	
2/4/16	Residence	107257	Ajo	107399	290 5th St., Ajo, AZ	142	
2/4/16	Ajo	107399	Residence	107565	1651 E. Glenn St, Tucson, AZ	166	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
<p>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)</p> <p>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.</p>						TOTAL MILEAGE	308
						LESS PERSONAL MILEAGE	
						REIMBURSABLE MILES	308

* 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 308 X RATE \$0.445 = \$ 137.06 + PARKING \$ _____ (ATTACH RECEIPTS) = TOTAL REIMBURSEMENT \$ 137.06

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

2/15/16
 DATE

[Signature]
 SUPERVISOR'S SIGNATURE

2/19/16
 DATE

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