

PIMA COUNTY MILEAGE REPORT

EMPLOYEE NAME: Jennifer Coyle
 EMPLOYEE IDENTIFICATION NUMBER: 125779

DEPARTMENT: BOS D1
 MILEAGE FOR MONTH/YEAR: 9/2013

DATE	DEPARTED FROM	BEGINNING ODOMETER	ARRIVED AT	ENDING ODOMETER	ADDRESS *	TOTAL MILEAGE
9/11/13	Home	98652	Ritz Carlton	98485	15000 N Secret Springs Dr	33
9/11/13	Ritz Carlton	98685	Office	98709	130 W Congress	24
9/12/13	Office	98714	Casino Del Sol	98727	5655 W Valencia Rd	13
9/12/13	Casino Del Sol	98727	Office	98739	130 W Congress	12
9/21/13	Home	98747	Dove Church	98746	665 W Roller Coaster Rd	14
9/21/13	Dove Church	98746	Catalina Comm Center	98776	16562 N Oracle Rd	15
9/21/13	Catalina Comm Center	98776	Home	98805	8130 E Broadway Blvd	29
9/25/13	Office	98819	La Paloma	98830	3800 E Sunrise Dr	11
9/25/2013	La Paloma	98830	Office	98841	100 W Congress	11
9/27/13	Office	98853	Fiesta Lanes	98859	501 W River Rd	6
9/27/13	Fiesta Lanes	98859	Office	98865	130 W Congress	6
						0
TOTAL MILEAGE						174
LESS PERSONAL MILEAGE						28
REIMBURSABLE MILES						146

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)

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.

* 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 146 X RATE \$0.445 = \$ 64.97 + PARKING \$ _____ (ATTACH RECEIPTS) = TOTAL REIMBURSEMENT \$ 64.97

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


DATE
10/30/13

SUPERVISOR'S SIGNATURE


DATE
10/30/13

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