PIMA COUNTY MILEAGE REPORT

EMPLOYEE NAME: Jennifer Coyle
EMPLOYEE IDENTIFICATION NUMBER: 125779

DEPARTMENT: BOS D1
MILEAGE FOR MONTH/YEAR: 10/2013

DATE	DEPARTED FROM	BEGINNING ODOMETER	ARRIVED AT	ENDING ODOMETER	ADDRESS *	TOTAL MILEAGE
10/1/13	Office	98879	Presentation at Residence	98891	9505 N Calle El Milagro	12
10/1/13	Presentation	98891	Home	98911	8130 E Broadway Blvd	20
10/5/13	Home	98938	Golder Ranch FD	98966	3885 E Golder Ranch Dr	28
10/5/13	Golder Ranch FD	98966	Home	98994	8130 E Broadway Blvd	28
10/24/13	Home	99007	Interfaith Comm Serv	99026	2820 W Ina Rd	19
10/24/13	Interfaith Comm Serv	99026	Office	99038	130 W Congress	12
10/24/13	Office	99038	Library	99048	5605 E River Rd	10
10/24/13	Library	99048	Home	99055	8130 E Broadway Blvd	7
10/29/13	Office	99088	Sabbar Shrine Temple	99091	450 S Tucson Blvd	3
10/29/13	Sabbar Shrine Temple	99091	Office	99094	130 W Congress	3
						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	142
LESS PERSONAL MILEAGE	48
REIMBURSABLE MILES	94

* 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 94 X RATE $0.445 = $ 41.83 + PARKING $_____ (ATTACH RECEIPTS) = TOTAL REIMBURSEMENT $ 41.83

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.

REVISED 02/01/13