PIMA COUNTY MILEAGE REPORT

EMPLOYEE NAME: Joseph V. Cuffari
EMPLOYEE IDENTIFICATION NUMBER: u127527

DEPARTMENT: BOS, District 1
MILEAGE FOR MONTH/YEAR: October 2013

DATE	DEPARTED FROM	BEGINNING ODOMETER	ARRIVED AT	ENDING ODOMETER	ADDRESS *	TOTAL MILEAGE
10/10/13	130 W. Congress	100000	ECAP Meeting	100008	1660 W. Ruthrauff Road	8
10/10/13	12910 N Bloomington Loop	100015	Magee Road Meeting	100022	1431 W. Magee Road	7
10/17/13	130 W. Congress	100100	NWATC Meeting	100111	7300 N. Shannon Road	11
10/22/13	130 W. Congress	100254	RWRD Meeting	100261	3950 E Paradise Falls Drive	7
10/24/13	130 W. Congress	100300	Sheriff's Meeting	100312	8055 N. Wanda Road	12
10/24/13	8055 N. Wanda Road	100312	Miller Town Hall	100323	5605 E. River Road	11
						0
						0
						0
						0
						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	56
LESS PERSONAL MILEAGE	
REIMBURSABLE MILES	56

* 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 56 X RATE $0.445 = $ 24.92 + PARKING $_____ (ATTACH RECEIPTS) = TOTAL REIMBURSEMENT $ 24.92

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 11/7/13

SUPERVISOR'S SIGNATURE — DATE 11/7/13

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

REVISED 02/01/13