

City of Saint Paul
Automobile Reimbursement
Monthly Report
 (Revised October 2005)

Month/Year _____

Employee ID# _____

Name _____ Department _____ Division _____

Vehicle _____ Year _____ License _____

Ledger - Fund - Activity - Object _____ Charged to same activity as salary _____

Payment Calculation

Date _____
 Worked Mileage _____

Type 1 -- Occasional Driver -- Object Code 0235

(Check one box)

_____ 0 Days used at \$4.00 per day = \$ _____ (H)

_____ 0 Miles driven at 20¢ per mile = \$ _____ (M)

Total \$ _____

_____ 0 Miles driven at IRS rate of 44.5¢ per mile = (M) \$ _____

Type 2 -- Regular Driver -- Object Code 0235

_____ 0 Days used at \$4.00 per day = \$ _____ (H)

_____ 0 Miles driven at 20¢ per mile = \$ _____ (M)

Total \$ _____

_____ 0 Miles driven at IRS rate of 44.5¢ per mile = (M) \$ _____

Parking Expense Reimbursement -- Object Code 0237

(Attach statement and receipts)

Total Parking Reimbursement (8) _____

Total Reimbursement \$ _____

30 _____ # of Days (H) Taxable (M) (8) Nontaxable
 31 _____ 0

0 Total Miles

| | |
|---|-------------|
| I hereby swear and affirm under penalty of law that this report represents a fair and correct account of my driving activities while on City business during the month of _____, _____ and of the resulting automobile reimbursement to which I claim settlement. | |
| Signed: Employee: _____ | Date: _____ |
| Signed: Supervisor: _____ | Date: _____ |
| This is a true record of the Daily Mileage Reports received from the above named employee for the month of _____, _____. | |
| Prepared: Accounting: _____ | Date: _____ |