


# Jay Nolan Community Services' Monthly Mileage Report

 **This report must be signed by you, date stamped, and received by your supervisor no later than the 5th of the following month or payment will be denied in accordance with JNCS policy. After the 5th, it will not be honored!**

**NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_  
**MONTH:** \_\_\_\_\_ **DEPT. TO BE CHARGED:** \_\_\_\_\_

DAY	DESTINATION/PURPOSE	MILEAGE	DAY	DESTINATION/PURPOSE	MILEAGE
01			17		
02			18		
03			19		
04			20		
05			21		
06			22		
07			23		
08			24		
09			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			<b>TOTAL MILES:</b>		
			<b>TIMES MILEAGE RATE (\$.30):</b>		
			<b>MILEAGE CAP:</b>		
			Always keep a copy for yourself!	<b>AMOUNT TO BE PAID:</b>	



**Drive  
Safely!**

**SIGNATURE:** \_\_\_\_\_ **SUPERVISOR APPROVAL:** \_\_\_\_\_  
 By signing this form I certify that I have a valid CA drivers license and insurance, and understand that this is not an agency vehicle and that all costs for gas, oil, repairs, depreciation, and all other costs of owning and operating a vehicle are included in the mileage rate.