

ERIE METROPARKS

REIMBURSEMENT REQUEST FOR
ROUTINE PERSONAL VEHICLE USE

Name _____ Date _____

Vehicle Expense Log

| Date | Beginning Mileage | Ending Mileage | Total Mileage | Destination and Purpose of Trip | Supervisor's Approval |
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Total Miles _____ x 44.5 cents per mile = \$ _____

Other miscellaneous expenses _____ = \$ _____

Explain and attach receipts or affidavit (meals and/or lodging expenses). Transportation costs of public program participants can not be requested using this form.

Total Request = \$ _____

I hereby certify that the mileage and other information reported above is correct, that no park district vehicle was available for my duty related use at these times and that to the best of my knowledge of park district policies, I may be reimbursed for these expenses. I understand that I must show proof of insurance coverage under a personal vehicle liability policy during the times noted above in order to be reimbursed for personal mileage and comply with Erie MetroParks policies.

Signature _____ Date _____

Approved: _____

Director-Secretary

Date