AFC UNIT _____

A130.1400
MV-4

STATE VEHICLE MILEAGE REIMBURSEMENT

AGENCY NAME:_____ AGENCY CODE:_____

PREPARED BY: _____ TELEPHONE NO. :_____

FISCAL YEAR:_____

QUARTER: JAN-MAR (___) APR-JUN (___) JUL-SEP (___) OCT-DEC (___)

EMPLOYEES' NAMES AND MILEAGE, FOR ALL "COMMUTERS", MUST BE LISTED EVEN IF NO REIMBURSEMENT IS MADE. ENTER A CHECK IN "REQ" COLUMN FOR THOSE EMPLOYEES WHO ARE "OFFICIALLY" REQUIRED BY THE AGENCY TO COMMUTE.

EMPLOYEE'S NAME	REQ	LICENSE # OF STATE VEHICLE	NUMBER OF MILES		TOTAL $ REIMBURSED THIS QTR
**********	***	********	1-WAY FROM HOME TO OFFICE	REIMBURSED TO STATE THIS QTR	**********

DFA FORM AS(ADMIN. 9)

TOTAL REIMBURSEMENT $_____