

REPORT OF VEHICLE MILEAGE AND COSTS

State Form 13696 (R2 / 1-97) Approved by State Board of Accounts 1997 STATE MOTOR POOL

Commission number	Agency Fund / Center		Status Temp Perm	END MILEAGE
Date in service (month, day, year)		Time	☐ AM ☐ PM	START MILEAGE
Date out of service (month, day, year)		Time	☐ AM ☐ PM	MILES DRIVEN

		7.00											
DAY	ODOMETER READING	DETAIL OF MILES DRIVEN ¹		REASON FOR TRAVEL	2	GASOLINE			OIL		MAINTENANCE		유구
					COMMUTE	GAL.	COST		Qts	Cost	costs		DRIVER
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		Ending Mileage	•	Totals									1
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I hereby certify that there were no commuting or personal miles driven except as noted and all other mileage was driven in the discharge of authorized duties.

Pre-Audited and approved by:

State agency (signature)

Name of agency

Division

Signature of driver

¹ For temporary vehicles, show each individual trip including address for each location. For permanent vehicles, record trips in accordance with your agency's policies.

² Must include number of personal miles.