

CITY OF OMAHA

REPORT - COMMUTING USE OF CITY VEHICLES

Month Reported - _____ Year _____

To Be Completed By Employee

Employee Assigned Vehicle:

Name _____ Make & Model _____
Employee ID _____ Year of Model _____
Department _____ License Number _____
Division _____ Vehicle No. _____
Job Title _____ Mileage Beginning _____
Work Phone No. _____ Mileage Ending _____
Total Days Used to Commute _____

Employees' Signature _____
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To Be Completed By Timekeeper

Days used to Commute X \$3.00 = \$ _____

Timekeeper's Signature _____

Date Submitted _____ for _____ (month)

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To Be Completed By Supervisor

I have read and approved the above information.

Signed _____ Date _____