CITY OF DULUTH
VEHICLE TRAVEL DATA FORM
(Must be completed and submitted monthly to the City Auditor)

NAME: _____

TITLE: _____

MAKE & YEAR OF VEHICLE: _____

MONTH _____, 20_____

<u>METHOD 1</u> (Cents-Per-Mile Valuation)*

ODOMETER READING:

BEGINNING: _____ ENDING: _____

MILEAGE:

TOTAL USED: _____

COMMUTING MILEAGE: _____

BUSINESS MILEAGE: _____

<u>METHOD 2</u> ($3.00 a Day Rule)

NUMBER OF WORKING DAYS: _____

NUMBER OF DAYS DRIVEN HOME: _____

SUBMIT MONTHLY TO CITY AUDITOR
(See City Auditor for help and explanation)
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_____ _____
EMPLOYEE SIGNATURE **DATE**

_____ _____
DIVISION MANAGER **DATE**

***CONTROL EMPLOYEES MUST USE METHOD 1. CONTROL EMPLOYEES INCLUDE THE MAYOR, ADMINISTRATIVE ASSISTANT, AND DEPARTMENT DIRECTORS.**