								Document Ty	mai	Exhibit
								Number:		4.80b
								Effective:		1/1/2009
								Revised:		1/5/2021
								Legal Refere		I.C. § 49-117(16)
								Legai Kererei		I.C. § 49-673
			VEHICLE USAG	E SE SURCHARGE REI	MBURSEME	NT REQUEST				1.6. 3 45 675
			VENTELL OOM	DE SORGINIROE REI	HOOKSEHE	REQUEST				
Use This Form for Email Submission From the Supervisor Only All blue sections are to be completed.										
Month:			Year:							
Employee (Driver's) Name:		Department:								
Driver's Home Address - (Includes Street, City, State and Zip Code):										
Driver's Assigned Work Site - (Includes Street, City, State and Zip Code):										
Reimbursement Type	Standard Two Line Calculation									
	A. Report Month's Commute Days	B. Round Trip Factor		D. Total # Monthly Commute Trips (A*B)				H. IRS Rat	ce	G. Monthly Commuting Reimbursement Amount (D*H)
Commuting Rule		2		0				\$1.50		\$0.00
	A. Report Month's Commute Days	B. Round Trip Factor	C. One Way Commute Distance		E. Total Miles	F. City %	G. Employee %	H. IRS Rat	ce	I. Monthly Mileage Reimbursement Amount (C*D*G*H*)
Vehicle Usage Surcharge	0	2			0			\$0.560)	\$0.00
Total Reimbursement Due City										\$0.00
Please read the following before completing this form. To the best of my knowledge, information and belief, the contents of this form are true. I agree to make proper to the Department of Finance and Administration in the event of any change.										
By Checking the Block Below, Supervisor Acknowledges They have Reviewed and Approved this Form.										
Supervisor Name Printed										
Supervisor Approval:										
Fleet Services Manager Name Printed: Craig Croner Signature										
An original of this form is to be forwarded to the Fleet Services Manager for processing. A copy will be retained by the department and employee after processing. For further information please refer to section IV of the Vehicle Usage Regulation 4.80a in the Employee Policy Handbook.										