# Automobile Use Form

**Complete a Separate Form for Each Automobile:**

|  |  |
| --- | --- |
| **Name:** |  |
| **PS EmplId (or SSN) :** |  |
| **Automobile Make:** |  |
| **Model:** |  |
| **Beginning Odometer:** |  |
| **Ending Odometer:** |  |
| **Total Mileage:** |  |
| **Auto Color/Options:** |  |

|  |  |  |
| --- | --- | --- |
| **A** | **B** | **C** |
| **Date of Use** | **Number of Miles Driven**  **Personal** | **Number of Miles Driven**  **Business\*** |
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| **\*\*Total:** |  |  |

\*Miles driven to/from work are considered personal miles; not business miles.

\*\*Please make sure your total personal and business miles equal the total mileage calculated above.

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| --- | --- | --- |
| **Signature:** |  | |
| **Date Submitted:** | |  |