# Automobile Use Form

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

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| **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.

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