

## PERSONAL VEHICLE USE REIMBURSEMENT FORM

First Name		Last NameN	INR ID:	BSC ID:			
Section 1: Mileage Reimbursement Detail		List each trip from one location to another SEPARATELY. Please spell out completely the names in "From" and "To".					
Attach Perso Mileage	onal Vehicle Use Authorization form and	use Reimbursement Overflow sheet if necess	ary.				
Date	Purpose/Work Order	Travel Points "From"	Travel Points "To	" Total Miles			
11/19/2018	8 C807	Croton Harmon	Poughkeepsie	45			
11/19/2018		Poughkeepsie	Croton Harmon				
11/22/2018	8 5308T	Cróton Harmon	North White Plair				
11/22/2018	5308T	North White Plains	, Croton Harmon				
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Parking & To	olls (Attach receipts)						
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	A Server County of the County						
ıment:			Total Reimbursable Mileage, P	arking & Tolls \$ 66,49			
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Form: 10-019RF-0718



## PERSONAL VEHICLE USE REIMBURSEMENT FORM

Section 2: Accounting Information

Please complete all necessary information. Please contact the Accounting department at (212) 340-3152, if guidance is needed.

Ledger Account	Responsibility Center	Cost Center	Function Code	PC Business Unit	Work Order/Activity	Project	Fund Code	   Ar	nount
724012	31222	99109 .	31		_		61	\$	24.53
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724012		<u> </u>					61		

Total per above \$

66.50

Total Mileage, Parking &Tolls from page 1 \$

66.49

action	2.	Authorization

I have reviewed the items listed on this form and I hereby certify that the expenditures shown were incurred for the benefit and interest of Metro-North Railroad, does not include any commutation costs, and have not been included in another expense report.

**Employee Name** 

Employee Signatu

Date <sup>1</sup>

I have reviewed this report and all attachments and approve it for submission in accordance with the Metro-North Railroad Corporate Policy and Operating Procedure 10-019 Personal Vehicle Use.

Supervisor Name:

Supervisor Signature

Date

Supervisor Title:

Supervisor BSC ID #

## Instructions:

Please use this form to request reimbursement for mileage incurred when using your personal vehicle for Metro-North Railroad official business. Fill out Section 1: Mileage Reimbursement Detail and Overflow Forms (as needed). Section 2: Accounting Information. Section 3: Authorization signed by both the employee and either their Supervisor or Manager.

Forward completed form along with supporting documentation (Personal Vehicle Use Authorization Form, Overflow forms, Parking and Tolls receipts) to your Administrator, if applicable, or directly submit by email to: MNRMileage@MNR.org. Please contact MNR Payroll department with any questions at Tel. 212 340-2732.

Please refer to the Corporate Policy and Operating Procedure 10-019 Personal Vehicle Use, for more details.

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