

**PERSONAL VEHICLE USE REIMBURSEMENT FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MNR ID: \_\_\_\_\_ BSC ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

**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 Personal Vehicle Use Authorization form and use Reimbursement Overflow sheet if necessary.

**Mileage**

	Date	Purpose/Work Order	Travel Points "From"	Travel Points "To"	Total Miles
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
<b>Total Miles from Overflow Sheet</b>					
<b>Grand Total Miles</b>					-
<b>Rate per Mile</b>					\$ 0.6550
<b>Total Mileage Expenses (excludes personal expenses)</b>					\$ -

**Parking & Tolls** (Attach receipts)

	Date	Purpose/Work Order	Parking Fees	Tolls Paid	Total Parking & Tolls
1					\$ -
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
<b>Total Parking &amp; Tolls from Overflow Sheet</b>					
<b>Total Parking &amp; Tolls</b>					\$ -
<b>Total Reimbursable Mileage, Parking &amp; Tolls</b>					\$ -

Comment: \_\_\_\_\_

**MILEAGE REIMBURSEMENT OVERFLOW FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MNR ID: \_\_\_\_\_ BSC ID: \_\_\_\_\_

Attach additional sheets if necessary.

**Mileage**

	Date	Purpose/Work Order	Travel Points "From"	Travel Points "To"	Total Miles
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
				<b>Total Miles</b>	

## 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	Amount
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	
724012							61	

Total per above

Total Mileage, Parking &Tolls from **page 1** \$ -

<b>Check S/B = 0</b>	<b>\$ -</b>
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### Section 3: 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 Signature: \_\_\_\_\_ Date \_\_\_\_\_

*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: [CMCMileage@MNR.org](mailto:CMCMileage@MNR.org). Please contact MNR Payroll department with any questions at **212.340.2734**.

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