CITY OF NEW ORLEANS
MILEAGE REIMBURSEMENT FORM

This form is to be completed by employees who use their privately owned vehicle for official business conducted on behalf of the City of New Orleans. This form must be signed by both the employee and the appointing authority and forwarded to the Department of Finance, Bureau of Accounting for approval.

EMPLOYEE NAME: _____ SS#_____

ADDRESS: _____

CITY:_____STATE:_____ZIP CODE: _____

DEPARTMENT: _____ ORG CODE_____

Please select applicable type (s) of reimbursement and attach mileage log:

☐ Mileage

☐ Parking Fee

☐ Toll Fee

☐ Meter Fee

_____   _____
Signature of Employee   Signature of Appointing Authority

PMRC 6/4/09

CITY OF NEW ORLEANS
AUTO ALLOWANCE ADD/DELETE FORM

This form is to be completed by each employee requesting an auto allowance for approved use of a personal vehicle. The form must be signed by both the employee and the appointing authority and forwarded to the Chief Administrative Office for approval, with a copy placed in the employee's personnel folder. Send completed, signed original to Chief Operations Manager, Room 9E06 Attn: Auto Allowance

☐   ADD AUTHORIZATION   ☐   DELETE AUTHORIZATION

EMPLOYEE NAME:_____ SS# _____

DEPARTMENT: _____ ORG CODE: _____

VEHICLE ID # _____ ODOMETER READING_____

AVERAGE MONTHY MILAGE (ESTIMATED): _____

TO ADD ALLOWANCE ONLY

Employee must initial next to all questions below (failure to complete may terminate allowance privileges)

_____ I acknowledge receipt to CAO Circular Memorandum No. 21 (R).

_____ I acknowledge that I have been authorized to use a personal vehicle for approved City business.

EMPLOYEE SIGNATURE: _____ DATE: _____

APPOINTING AUTHORITY
APPROVAL / SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE CHIEF ADMINISTRATIVE OFFICE

REVIEWED BY: _____CAO OFFICE _____ DATE: _____
                                          (Initials)

Allowance Set At: _____ miles per month

CITY OF NEW ORLEANS
AUTO ALLOWANCE MONTHLY MILEAGE LOG

EMPLOYEE NAME:_____   SSN:_____

DEPARTMENT:_____   ORGN CODE:_____

Date	Start Odometer	End Odometer	Total Miles	Activity

EMPLOYEE SIGNATURE:_____   DATE:_____

SUPERVISOR SIGNATURE:_____   DATE:_____

PMRC 6/4/09