

STATE OF HAWAII

PERSONAL AUTOMOBILE MILEAGE AND PRE-TAX PARKING VOUCHER

DOCUMENT CONTROL NO. _____ MONTH OF _____ YEAR _____ DEPARTMENT/DIV. <u>HEALTH</u> BRANCH/SECTION <u>Executive Office on Aging</u> YEAR & MAKE _____ MODEL & TYPE _____	SUBMITTED BY (PRINT NAME) _____ SOCIAL SECURITY NO. _____ POSITION TITLE <u>SMP Volunteer</u> BU _____ PAYROLL NO. _____
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SFX	TC	F	YR	APP	D	OBJECT	CC	PROJECT	PH	ACT	AMOUNT	OPTIONAL DEPARTMENTAL DATA
XX	XXX	X	XX	XXX	XX	XXXX	XXXX	XXXXXX	XX	XXX	XXXXXXXXXX XX	X(22)

MONTH/ DAY	TRIP NUMBER	FROM	TO	REMARKS	MILES TRAVELED	PARKING FEES

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT RECORD OF MILEAGE ON MY PERSONAL AUTOMOBILE USED AND PARKING FEES INCURRED IN PERFORMING MY OFFICIAL DUTIES ACCORDING TO THE COMPTROLLER'S RULES AND REGULATIONS GOVERNING OFFICIAL TRAVEL AND TRANSPORTATION EXPENSES. I FURTHER CERTIFY THAT I CARRY THE MINIMUM LIABILITY INSURANCE AS REQUIRED BY THE "HAWAII NO-FAULT LAW" WITH:

(INSURANCE COMPANY)

POLICY NO. _____ EXP. DATE _____

THIS IS TO ALSO CLAIM REIMBURSEMENT OF EXCESS PRE-TAX PARKING PAID UNDER THE FLEX PARK PLAN FOR THE MONTH(S) OF: _____ .
(THIS ONLY APPLIES TO EMPLOYEES WHO QUALIFY FOR REDUCED PARKING RATES AS PROVIDED UNDER COLLECTIVE BARGAINING AGREEMENT OR EXECUTIVE ORDER.)

(EMPLOYEE'S SIGNATURE)

(DATE)

A. TOTAL MILEAGE	0.00
B. TOTAL MILEAGE CLAIM (A X Rate: <u>0.575</u> cents)	0.00
C. TOTAL PARKING FEES	0.00
D. TOTAL CLAIM FOR REIMBURSEMENT (B + C)	0.00

CALCULATION OF REPORTABLE & TAXABLE MILEAGE **

E. FEDERALLY ALLOWED AMOUNT (A X Rate: _____ cents)	0.00	(L)
F. TAXABLE AMOUNT (B-E)	0.00	(T)

TAXABLE PRE-TAX PARKING REIMBURSEMENT **

G. PRE-TAX PARKING REIMBURSEMENT	0.00	(T)
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APPROVED:

(SIGNATURE)

(DATE)

Director, Executive Office on Aging

(TITLE)

** The taxable mileage amounts calculated above and pre-tax parking reimbursement amounts will be reported as income to the IRS and will result in the withholding of Federal, State, and FICA taxes from gross payroll wages. Retain a copy of the form to prepare your personal tax return.