

GEORGIA DEPARTMENT OF CORRECTIONS
PERSONAL USE OF OFFICIAL STATE VEHICLE

NAME _____

EMPLOYEE ID#: _____

ASSIGNED WORK PLACE _____

FOR THE MONTH OF _____

Check the Appropriate Box for Each Day of the Month

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Drove State Vehicle One Way																																
Drove State Vehicle Round Trip																																
Drove on State Business (other than driving from Home to Work and Back)																																

Number of One-Way Trips _____ @ \$1.50 ea.= \$

Number of Round Trips _____ @ \$3.00 ea.= \$

I Certify that the above reflects the accurate usage of the State Vehicle assigned to me during this month.

Employee's Signature _____ Date _____

Division Reviewer's Signature _____ Date _____

Due in Central Personnel Administration by the 10th of the following month.