

CITY OF HAMILTON, OHIO
 COMMUTING/PERSONAL USE OF CITY VEHICLE

12/10

Employee Name _____ Department _____
 Vehicle #1 (Held @ 1/1/10 Make and Year: _____ Vehicle Number: _____
 Vehicle used during 2010: From _____ To _____

Was Another Vehicle Provided during 2010? Yes _____ No _____
 Vehicle #2 Make and Year _____ Vehicle # _____
 Vehicle #2 used during 2010: From _____ To _____

SECTION I – 2010 MILEAGE DRIVEN

	Vehicle 1	Vehicle 2	Total
Business miles driven	_____	_____	_____
Commuting miles driven	_____	_____	_____
Personal miles driven	_____	_____	_____
Totals	_____	_____	_____

SECTION II – COMMUTING MILEAGE

Distance from home to work (one way trip): _____
 Number of days used for commuting: _____

Total Workdays for 2010: (Excluding City Holidays) 249
 Less: Floating Holidays & Birthday taken _____
 Vacation taken _____
 Sick Days taken _____
 Other non-commuting days* _____

*(Non commute days must be clearly identified by
 date and reason) _____

Net day's vehicle used for commuting _____

(Total workdays less Holidays, Vacation Sick time, other) _____

NOTE: Total commuting miles in section I should tie to 2 times one way commuting mileage times total commute days.

SECTION III – VALUE OF BENEFIT

Daily Commuting Method:

Commute Days _____ Times \$3 per day = \$ _____

Cents per Mile Method:

Commuting Miles: _____

Personal Miles: _____

Total Commute/Personal miles _____ @ 50 cents per mile=\$ _____

I certify that the above information is true, correct and complete to the best of my knowledge and belief.

 Signature Date