

STATE OF HAWAII

PERSONAL AUTOMOBILE MILEAGE AND PRE-TAX PARKING VOUCHER

DOCUMENT CONTROL NO. MONTH OF YEAR DEPARTMENT/DIV. BRANCH/SECTION YEAR & MAKE MODEL & TYPE SUBMITTED BY (PRINT NAME) SOCIAL SECURITY NO. POSITION TITLE BU PAYROLL NO.

Table with columns: SFX, TC, F, YR, APP, D, OBJECT, CC, PROJECT, PH, ACT, AMOUNT, OPTIONAL DEPARTMENTAL DATA. Includes placeholder values like 'XX', 'XXX', 'XXXX', 'XXXXXX', 'XXXXXX', 'XX', 'X(22)'.

Main table with columns: MONTH/DAY, TRIP NUMBER, FROM, TO, REMARKS, MILES TRAVELED, PARKING FEES. Multiple empty rows for data entry.

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.

(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 B. TOTAL MILEAGE CLAIM (A X Rate: cents) C. TOTAL PARKING FEES D. TOTAL CLAIM FOR REIMBURSEMENT (B + C)

CALCULATION OF REPORTABLE & TAXABLE MILEAGE**

E. FEDERALLY ALLOWED AMOUNT (A X Rate: cents) F. TAXABLE AMOUNT (B-E) G. PRE-TAX PARKING REIMBURSEMENT TAXABLE PRE-TAX PARKING REIMBURSEMENT**

APPROVED: (SIGNATURE) (DATE) (TITLE)

** The taxable mileage amount calculated above and pre-tax parking reimbursement amount will be reported as income to the IRS and will result in the withholding of Federal, State, and FICA taxes from gross payroll wages.