STATE OF HAWAII

PERSONAL AUTOMOBILE MILEAGE AND PRE-TAX PARKING VOUCHER

CON	ARTME	NO. ENT/E	DIV.	MONTH OFYEAR								SUBMITTED BY (PRINT NAME) SOCIAL SECURITY NO.				
YEA		=011	ON .	MODEL & TYPE								POSITION TITLE BU PAYROL				
SFX TC F			YR									OPTIONAL DEPARTMEN				
XX	xxx	x	xx	XXX	хх	XXXX	XXXX	XXXXXX	xx	xxx	1	XXXXXXXX	хх	X(22)		
													ļ			
													<u> </u>			
MONTH/ DAY		TRIP NUMBER		FROM T										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									A. TOTAL N							
				E COMPTROLLER'S RULES AND REGULATIONS GOVERNING OFFICIAL PORTATION EXPENSES. I FURTHER CERTIFY THAT I CARRY THE MINIMUM E AS REQUIRED BY THE "HAWAII NO-FAULT LAW" WITH:								B. TOTAL N (A X Rate:				
												C. TOTAL F				
												D. TOTAL (CLAIM	FOR REIMBURSEMENT (B + C)		
(INSURANCE COMPANY) POLICY NO EXP. DATE								Y)			-			, ,		
								EXP. DATE			_			OF REPORTABLE & TAXABLE N	/ILEAGE**	
TH	IIS IS T	O AL	SO CL	AIM REIMBURSEMENT OF EXCESS PRE-TAX PARKING PAID										ALLOWED AMOUNT cents)		(L)
U	NDER T	HE F	LEX P	ARK PL	R THE MON	TH(S) OF	:				F. TAXABL				(T)	
,			APPLIES TO EMPLOYEES WHO QUALIFY FOR REDUCED PARKING RATES AS NDER COLLECTIVE BARGAINING AGREEMENT OR EXECUTIVE ORDER.)											AX PARKING REIMBURSEMENT	*	``′
												\ <u></u>		RKING REIMBURSEMENT		(T)
			(EMP	PLOYEE'S SIGNATURE) (DATE)												``
AF	PROVE	D:														
(SIGNATURE (DATE)													/TIT! <u></u>			
	(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. Retain a copy of the form to prepare your personal tax return.