



# MISSISSIPPI STATE UNIVERSITY

Office of Controller & Treasurer  
P.O. Box 5227  
Mississippi State, MS 39762  
Mail Stop: 9602  
Phone: 662-325-1751 Fax: 662-325-8394

## Summary of Business Mileage

Employee Name: \_\_\_\_\_

**Please complete for the following vehicle:**

Year/Make/Model: \_\_\_\_\_ VIN#: \_\_\_\_\_

Vehicle Value: \_\_\_\_\_

Date Assigned Vehicle: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Ending Odometer \* \_\_\_\_\_

Beginning Odometer \* - \_\_\_\_\_

Elapsed Mileage \* = \_\_\_\_\_

Less Business Mileage - \_\_\_\_\_

Personal Mileage = \_\_\_\_\_

\* Please note that these odometer readings must be supported by sufficient documentation that is maintained and retained by the driver of the above courtesy automobile.

Please note that commuting to and from work is considered personal mileage.

I certify that the above information is accurate to the best of my knowledge:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date