



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