MONTHLY MILEAGE REPORT		1. MONTH ENDING		2. LICENSE PLATE NO.	
STATE OF NEW JERSEY Department of The Treasury - Transportation Services		(Month)	(Day) (Year)	SG	
INSTRUCTIONS: Please print or type. Submit completed report to the Department of the Treasury-Division of Administration-Transportation Services within 5 days of the end of the month. This report must be signed by the individual designated in item 10 below.					
3. ODOMETER (Beginning of month) 4. ODOMETER (End of month) 5. COMMUTING MILES TRAVELED THIS MONTH					
	(Enter all miles traveled between employee residence and official work station.)				
(Miles) (Tenths)	(Miles) (Tenths)		(Miles)	Tenths)	
6. NUMBER WEEKDAYS	7. CHECK HERE IF		LEAVE BLANK (Transportation Services Use Only)		
ASSIGNED IN MONTH	NEW ODOMETER		Correction:		
8. DEPARTMENT 9. DIVISION					
10. TYPE OF VEHICLE ASSIGNMENT (Check one box only. Enter name of driver if individually assigned or coordinator if pool vehicle.)					
☐ Individually Assigned: (or) ☐ Pool Vehicle: (Name of Driver) ☐ (Name of Coordinator)					
CERTIFICATION : I certify that all report information is complete and accurate to the best of my knowledge.					
Driver/Coordinator Signature:		Phone	Phone #: Date:		
ADMV-104 rev 6/2009					
MONTHLY MILEAGE REPORT STATE OF NEW JERSEY			NTH ENDING 2. LICENSE PLATE NO.		
Department of The Treasury - Train		(Month)	(Day) (Year)	SG	
INSTRUCTIONS: Please print or type. Submit completed report to the Department of the Treasury-Division of Administration-Transportation					
Services within 5 days of the end of the month. This report must be signed by the individual designated in item 10 below.					
3. ODOMETER (Beginning of month)	4. ODOMETER (End of month) 5. COMMUTING MILES TRAVELED THIS MONTH				
_	_		(Enter all miles traveled bet	ween employee residence and official work station.)	
(Miles) (Tenths)	(Miles) (Tenths)		(Miles) (Tenths)		
6. NUMBER WEEKDAYS	7. CHECK HERE IF		LEAVE BLANK (Transportation Services Use Only)		
ASSIGNED IN MONTH	NEW ODOMETER		Correction:		
8. DEPARTMENT	8. DEPARTMENT 9. DIVISION				
10. TYPE OF VEHICLE ASSIGNMENT (Check one box only. Enter name of driver if individually assigned or coordinator if pool vehicle.)					
☐ Individually Assigned: (or) ☐ Pool Vehicle: (Name of Driver) (Name of Coordinator)					
CERTIFICATION : I certify that all report information is complete and accurate to the best of my knowledge.					
Driver/Coordinator Signature:			Phone #: Date:		
ADMV-104 rev 6/2009					
MONTHLY MILEAGE REPORT STATE OF NEW JERSEY		1. MON	TH ENDING	2. LICENSE PLATE NO.	
Department of The Treasury - Transportation Services		(Month)	(Day) (Year)	SG	
INSTRUCTIONS: Please print or type. Su	bmit completed report to the	e Departme	ent of the Treasury-Di	ivision of Administration-Transportation	
Services within 5 days of the end of the mo	onth. This report must be sig	gned by the	e individual designated	d in item 10 below.	
3. ODOMETER (Beginning of month) 4. ODOMETER (End of m		nonth)			
	l		(Enter all miles traveled bet	ween employee residence and official work station.)	
(Miles) (Tenths)	(Miles) (Tenths)	1	(Miles) (Tenths)		
6. NUMBER WEEKDAYS	7. CHECK HERE IF	<u>'</u>		Transportation Services Use Only)	
ASSIGNED IN MONTH	NEW ODOMETER		Correction:	•	
8. DEPARTMENT 9. DIVISION					
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			Date:		