



CIRCULAR

STATE OF NEW JERSEY

DEPARTMENT OF THE TREASURY

NO: 20-02-OMB	ORIGINATING AGENCY: OFFICE OF MANAGEMENT AND BUDGET	PAGE 1 OF 1
EFFECTIVE DATE: 07-01-19	EXPIRATION DATE: INDEFINITE	SUPERSEDES: 01-02-OMB
SUBJECT: MILEAGE REIMBURSEMENT FOR USE OF PERSONAL VEHICLE		
ATTENTION: DIRECTORS OF ADMINISTRATION AND FISCAL OFFICERS		
FOR INFORMATION CONTACT: LESLIE A. NOTOR		PHONE: (609) 292-5040

Use of a State-owned vehicle or a State-contracted rental vehicle is the preferred means of ground transportation. Mileage reimbursement for the use of a personal vehicle is not permitted when a State-owned vehicle is available or when a State-contracted rental vehicle is more cost effective.

If a State-owned vehicle is not available or a State-contracted rental vehicle is determined to be less cost effective on designated travel days, a personal vehicle may be used for official business.

Mileage allowance in lieu of actual expenses of transportation is allowed for an employee traveling by personal automobile on official business at the rate authorized by the State Appropriations Act.

In accordance with the Fiscal Year 2020 Appropriations Act and until further notice, the mileage reimbursement rate shall be \$0.35 per mile.



David Ridolfino
Acting Director

FY	DATE	TRANS TV	DOC NUMBER	TYPE

TRAVEL VOUCHER

FUND	AGENCY	ORG CODE	APPR UNIT	ACTV CODE	OBJECT	AMOUNT
EMPLOYEE #						

EMPLOYEE NAME AND ADDRESS

TOTAL AMOUNT
0.00

DATE	TRAVEL ITEMS (IN DETAIL)	MILES	PARKING/ TOLLS	OTHER (SPECIFY)		
TOTALS	MILES	0.0 @ \$0.35 = \$	\$0.00	0.0	\$0.00	\$0.00

GRAND TOTAL	\$0.00
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EMPLOYEE CERTIFICATION

I certify that the above expenses are correct in all respects; that the distances as charged have been actually and necessarily traveled by me on the dates therein specified; that the amount as charged has been actually paid for by me for traveling expenses; that no part of the account has been paid by the State, but the full amount is due. I also CERTIFY that on the dates(s) when the above items of expense were incurred the vehicle I was using on State business was covered by liability insurance as follows:

Company: _____

Coverage: \$ _____ \$ _____
(BODILY INJURY) (PROPERTY DAMAGE)

Employee's Signature: _____

Date: _____

Official Position: _____

Official Station: _____

Travel Assignment Class: _____

Normal Commutation - Mileage: _____ Cost: \$0.00

Supervisor Approval: _____
SIGNATURE

APPROVED: _____
DEPARTMENT/AGENCY

_____ AUTHORIZED SIGNATURE

TITLE DATE

ATTACH ORIGINAL RECEIPTS WHEN REQUIRED PURSUANT TO STATE TRAVEL REGULATIONS.
Copy - to FISCAL