

Milwaukee County Department of Health and Human Services Division of Youth & Family Services POLICY & PROCEDURE	Original Date Issued: 02/01/2014 Last Revision Date: 02/01/2014	Current Review Date: 10/05/2017 Current Review By: DP	Section: ADMINISTRATION	Policy No: 006	Pages: Page 1 of 2 (2 Attachments)
<input checked="" type="checkbox"/> Division of Youth & Family Services (DCSD) <input checked="" type="checkbox"/> Detention Center <input checked="" type="checkbox"/> DYFS Services Network <input type="checkbox"/> Purchase of Service Agencies	Current Effective Date: 01/01/2018	Subject: Mileage Reimbursement Policy			

I. Policy

Division of Youth & Family Services (DYFS) will reimburse its employees for the approved use of their personal automobile for official county business that is properly authorized, reasonable, and appropriately documented.

A valid driver's license issued by the State of Wisconsin and personal automobile insurance are required for expenses to be reimbursed. Drivers should be aware of the extent of coverage (if any) provided by his/her automobile insurance company for travel that is business or not personal in nature.

Employees may claim mileage for approved home visits, trainings and meetings outside of the office. If any such visit, training, or meeting is outside Milwaukee County, employees need prior supervisor approval for permission to request mileage reimbursement

II. Procedure

Forms

A. Two forms are required to complete and submit monthly mileage:

1. Mileage Log (*Refer to Attachment A*).
2. Automobile Mileage Voucher (*Refer to Attachment B*).

B. Mileage forms are found on the 'H' Drive under the Public Folder.

C. Mileage forms must be typed out not handwritten.


Completion of Forms

D. Mileage Log (*Attachment A*): Must be fully completed to include dates of activity, youth initials, purpose, start location and end location and total trip mileage.

- For commonly known agencies (Downtown Court House, Wraparound Milwaukee, and FOCUS), employees may just put down the agency name; for all other places an address must be included.

E. Automobile Mileage Voucher (*Attachment B*): Must be fully completed with the following:

- Budget fiscal year
- Employee Reimbursement Number
- Month and Year reimbursement requested for
- Employee Name
- Org Unit (8900)
- Agency (800)
- Org (8900)
- Odometer Reading (*Must be actual reading, not a match of the miles traveled on the form*)
 - Beginning of Month
 - End of month
 - Total Month Mileage
- Signature Lines/ Dates
 - Employee Signature: Employee Signs
 - Divisional Approval: Immediate Supervisors signature
 - Departmental Approval: Section Manager (or designee)
- Current Rate

 Rates are subject to change, please see your immediate supervisor for the current rate.

Submission of Forms

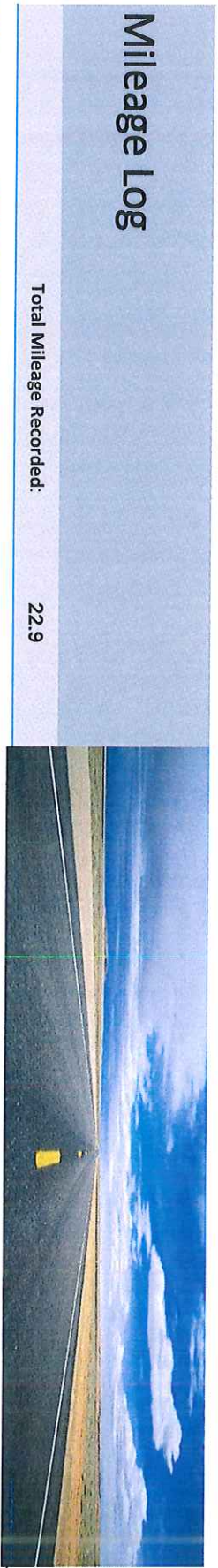
F. Mileage Forms A & B **MUST** be submitted to their supervisor by the 10th day of the following month for the month employees are claiming mileage. Supervisors must maintain a copy of both forms A & B in the employee file for record retention and audit purposes.

G. Supervisors shall submit their teams' mileage forms (B only) to the Section Manager, or other designee, for final Division approval no later than the 14th day of the following month.

Reviewed & Approved By: _____


Mark Mertens, Division Administrator

AUTOMOBILE MILEAGE VOUCHER		BUDGET FY 2017	EMPLOYEE REIMBURSEMENT NUMBER 60001		MONTH & YEAR January 2018						
MILWAUKEE COUNTY 895-1 R14		EMPLOYEE NAME (PLEASE PRINT) Driver Happy		ORG. UNIT 8900							
INSTRUCTIONS FOR PREPARATION SECTION 5.02 COUNTY ADMINISTRATIVE MANUAL DISTRIBUTION: ORIGINAL - DOA - ACCOUNTS PAYABLE 1 COPY - DEPARTMENT 1 COPY - EMPLOYEE		EMPLOYEE LOCATION (Please include room number if applicable) Children Court 1235									
		DATE	COUNTY BUSINESS MILEAGE	PURPOSE *							
ACCOUNT DISTRIBUTION		1									
		2									
		3									
(3) AGENCY	(4) ORG.	(4) ACTIVITY	(4) FUNCTION	(4) OBJECT	(5) PROJECT						
800	8900			6803	(4) REPT CAT						
REIMBURSEMENT LIMITATIONS County mileage is reimbursed for miles traveled on County business only. Employees are not eligible for mileage traveled from home to the office, nor from the office to home, nor for mileage traveled during the noon hour going to lunch or any other personal purpose. Employees going directly into the field from their homes shall consider the mileage from home to the first business stop as personal mileage and, therefore, non-reimbursable by the County. However, if this stop is outside the metropolitan area in which the office is located, mileage will be considered County mileage, reimbursable by the County. Employees traveling directly home from the field shall consider the mileage from their last business stop to their home as personal mileage and therefore non-reimbursable by the County. However, if this stop is outside the metropolitan area in which the office is located, the mileage will be considered County mileage, reimbursable by the County.		4									
		5	13.0	CCC to Visits							
ODOMETER READING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: #ffff00;">END OF MONTH:</td> <td style="text-align: right;">76,112</td> </tr> <tr> <td style="background-color: #ffff00;">BEGINNING OF MONTH:</td> <td style="text-align: right;">75,984</td> </tr> <tr> <td style="background-color: #ffff00;">TOTAL MONTH'S MILEAGE:</td> <td style="text-align: right;">128</td> </tr> </table>		END OF MONTH:	76,112	BEGINNING OF MONTH:	75,984	TOTAL MONTH'S MILEAGE:	128	6			
		END OF MONTH:	76,112								
BEGINNING OF MONTH:	75,984										
TOTAL MONTH'S MILEAGE:	128										
		7									
		8									
		9	9.9	CCC to Meeting							
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I hereby certify that the foregoing is correct, and that I am entitled to the amount of reimbursement claimed hereon for County business purposes. I further certify that I meet all of the requirements for public liability and property damage insurance as specified by Chapter 5 of the General Ordinances of Milwaukee County, and that I have a valid Driver's License.		T O T A L	22.9	\$0.545	TYPE OF RATE HERE \$12.48						
		AMOUNT DUE									
EMPLOYEE SIGNATURE		DATE									
		XX/XX/XXXX									
I certify that the mileage indicated has been examined and appears reasonable and in accord with the duties of this employee.		DIVISIONAL APPROVAL		DATE							
				XX/XX/XXXX							
DEPARTMENTAL APPROVAL		DATE									
		XX/XX/XXXX									
* THE PURPOSE OF ANY MILEAGE IN EXCESS OF THE USUAL SHOULD BE EXPLAINED.											



Mileage Log

Total Mileage Recorded: 22.9

Date	Youth First Initial/ Last Name	Purpose	From	To	Total Trip Mileage
1/25/2018	K. Bryant	Home Visit	CCC	1800 N. Balling Blvd.	5.5
10/5/2017	T. Shakur	School Visit	1800 N. Balling Blvd. (H.V)	2500 W. Hip Hop Rd.	7.5
10/9/2017	J. Jackson	Wrap Meeting	CCC	1515 S. Sing Song St.	9.9

DCSD Staff Name: _____