

DA 5215
(DA MV 7)
6-86

STATE OF LOUISIANA
REIMBURSEMENT FOR PERSONALLY-OWNED VEHICLE USE

PERIOD COVERED:

(complete one)

MONTH YEAR OR FISCAL YEAR -

Check if
Agency
Name
Changed

Agency Number	<input type="text"/>
---------------	----------------------

Agency Name	<input type="text"/>
-------------	----------------------

Total Miles (Round off to nearest mile)	<input type="text"/>
--	----------------------

For fiscal year report only, identify on a separate page individual employees at or above breakeven mileage and mileage for which reimbursement was paid to each.

FISCAL YEAR-REPORT ONLY:

Number of Employees at or above annual breakeven mileage	<input type="text"/>
---	----------------------

Number of Employees below annual breakeven mileage	<input type="text"/>
---	----------------------

Signed: _____

Title: _____

Phone: _____

Date: _____

DIVISION OF ADMINISTRATION