

Tom Barrett

Bevan K. Baker, CHE Commissioner of Health

Health Department

Administration



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September 2, 2004

Committee on Finance and Personnel Milwaukee Common Council Room 205, City Hall Milwaukee, WI 53202

Attention: Alderman Michael Murphy, Chairman

Honorable Committee Members:

An employee of the Disease Control and Prevention Division of the Milwaukee Health Department exceeded 1000 work-related miles driven in his private automobile during the month of August 2004. The breakdown of these miles includes 356 miles for two trips to Madison; one related to West Nile virus and one related to School Food Security. The remainder of the mileage is primarily due to mosquito surveillance, including 73 miles driven on weekends due to overtime larvicide application.

The employee's supervisor has reviewed the mileage claim and it has been approved. I am therefore requesting approval of private automobile reimbursement payment to David Campbell for all miles reported during the month of August totaling 1,062 miles.

Attached is the form CBP-139, Auto Allowance Reimbursement Request form for your review. Thank you.

Sincerely,

Bevan K. Baker, CHE Commissioner of Health

Attachment

City of Milwaukee CBP-139 (R2-00)

<i>P.P.</i> NO	I KUUT		CAMPBELL, D	AVID B. EMPLOYE NAME		381-35 DEPT ID/LOCATION	
	:	condition the sale lab Wisconsis.	009569		AR	2529D 253000	ENVIRONMENT AL EXCENSIVE
PP ID			DOCUME	NT ID	ALPH ID	JOB CODE	JOB CODE DESCRIPTION

PRIOR PERIOD ADJUSTMENT - AUTO ALLOWANCE/REIMBURSEMENT

	EVENT DATE				ACCOUNT CODE						
МО	DAY	4 DIGIT YR	CODE	AMOUNT	PROGRAM	PROJECTIGRANTS					
08	28	2004	901	398:25	7240						
08	28	2004	921	[45:0]	7400						
	TOTAI	_ AMOUNT	•	353 24							

Report mileage from primary auto below. If necessary, report mileage from other autos on reverse side of form.

INSTRUCTIONS: Make required entries each work day. On the first work day of the following month forward the completed form to the department head for signatures.

DAILY AUTOMOBILE ALLOWANCE/REIMBURSEMENT RECORD

LICENSE PLATE NO. 18267 E

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11		, consequent	`	22				Totals Last Report		259	979

2.

*INCLUDES DAILY AVERAGE MILES BETWEEN WORK AND HOME (INCLUDE LUNCH) OF MILE	*INCLUDES DAILY AVERAGE MILES BETWEEN WORK AND HOME (INCLUDE LUNCH) OF _	<u>j4</u>	MILES
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-aver-

I certify that I drove my private auto the mileage indicated and for City business, that my operator's license and vehicle registration were valid during this period and that I am adequately covered by auto insurance. Submit a revised form CBP-138 if insurance coverage has changed and check here

1. Total miles driven-all autos

I have reviewed the mileage reimbursement request and believe it conforms to S. 350-183 of the

3. Miles on line 1 times Federal rate (enter to earn code 901)

Reimbursement per City rates

Code of Ordinances and that the mileage shown appears reasonable and is in accordance with

4.

Line 2 less 3, if negative, use brackets (enter to earn code 921)

his employee's duties

Department Head's S

ICENSE PLATE NO. 377 ENF

MONTH OF 200 4

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AUTO NO. 3	
DAILY AUTOMOBILE ALLOWANCE/REIMBURSEMENT	RECORD

LICENSE PLATE NO. MONTH OF _____ 200____

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Only those City officials and employees occupying positions designated in the positions ordinance as being eligible for private automobile allowance are authorized for this reimbursement when, at the discretion of the department head, it is necessary that such automobiles be used on City business. Such official or employee shall maintain no less than the minimum automobile insurance prescribed by state law and shall have declared the use of his or her vehicle on city business to the insurance company to protect the city's interest. It shall be the responsibility of the department head to verify that the employee is adequately covered by such insurance prior to authorizing the use of the employee's vehicle. The department head shall approve all mileage reports. In addition, mileage reports exceeding 1000 miles require concurrence by the Committee on Finance and Personnel prior to processing payment thereon.

REMARKS:		
	Miles Auto 1950	
	Miles Auto 2	
	Miles Auto 3	
	Total Miles Carry forward to front of form	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,