



Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Administration



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web site: www.milwaukee.gov

April 25, 2007

Committee on Finance and Personnel
Milwaukee Common Council
Room 205, City Hall
Milwaukee, Wisconsin 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 her private automobile during the month of January 2007.

Marquetta Flowers is a Public Health Aide employed with the Tuberculosis Control Clinic (TBCC). Her duties include delivery of anti-tuberculosis medications to TB patients in the field and errands on behalf of the clinic to obtain clinical specimens. Weekly home visit schedules are planned around patient needs and worker availability.

In January 2007, Ms. Flowers reported 1,484 miles driven on City business. Her February, 2007 mileage was reported as 1,133. The primary reason for the increased number of miles during these two months was because several TB patients were on a daily medications regimen. Monday through Friday field visits to deliver therapy included travel to the far southern, southeastern and northwestern areas of the City of Milwaukee.

The higher than normal reported mileage was not unexpected and is a reflection of an especially busy month for the TBCC. The employee's supervisor has reviewed the mileage claim and it has been verified to be accurate, and consistent with the employee's work assignments.

I am therefore requesting approval of private automobile reimbursement payment to Marquetta Flowers for all miles reported during the months of January and February 2007, totaling 2,617 miles.

Attached are the CBP-139 Auto Allowance Reimbursement Request forms for your review.

Sincerely,

Bevan K. Baker, FACHE
Commissioner of Health

Sent to Ald. Murphy on 05/09/07

4-129 (R2-00)		2007		Flowers, Marquitta	38115
P.P. NO	4 DIGIT YEAR	EMPLOYEE NAME		DEPT ID/LOCATION	
	013855	AR		2218DC	Public Health Aide
PP ID	DOCUMENT ID	ALPH ID	JOB CODE	JOB CODE DESCRIPTION	

PRIOR PERIOD ADJUSTMENT - AUTO ALLOWANCE/REIMBURSEMENT

EVENT DATE			EARN CODE	AMOUNT	PROGRAM	ACCOUNT CODE
MO	DAY	4 DIGIT YR				PROJECT/GRANTS
01	27	2007	901	719.74	7200	
01	27	2007	921	(229.35)	7200	
TOTAL AMOUNT				490.39		

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. 101 KDT

MONTH OF January, 2007

DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE	
		CITY	PERSONAL*			CITY	PERSONAL*			CITY	PERSONAL*
1				12	24538	79	80	23	25245	103	35
2	23695	72	25	13				24	25323	46	29
3	23792	44	30	14				25	25458	63	23
4	23866	62	20	15				26	25644	79	88
5	23949	70	95	16	24697	109	21	27			
6				17	24827	46	50	28			
7				18	24923	63	40	29	25781	75	35
8	24113	71	40	19	25026	84	65	30	25821	102	20
9	24224	121	27	20				31	25943	40	18
10	24372	47	23	21				Totals This Month		1484	822
11	24442	66	30	22	25175	42	28	Totals Last Report		853	3914

*INCLUDES DAILY AVERAGE MILES BETWEEN WORK AND HOME (INCLUDE LUNCH) OF 3 MILES.

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-126 if insurance coverage has changed and check here

Resubmission from 2/1/07

Marquitta Flowers 3/20/07
Employee's Signature Date

I have reviewed the mileage reimbursement request and believe it conforms to S. 350-183 of the Code of Ordinances and that the mileage shown appears reasonable and is in accordance with his employee's duties.
Christine R 3/20/07
Department Head's Signature Date

- Total miles driven-all autos 1484
- Reimbursement per City rates 490.39
- Miles on line 1 times Federal rate (enter to earn code 901) 719.74
- Line 2 less 3, if negative, use brackets (enter to earn code 921) (229.35)

28-(RZ-00)

2007		Flowers, Marquette		38115	
P. NO		4 DIGIT YEAR		EMPLOYEE NAME	
013855		AR		22180 C Public Health Aide	
PP ID		DOCUMENT ID		ALPH ID	
				JOB CODE	
				JOB CODE DESCRIPTION	

PRIOR PERIOD ADJUSTMENT - AUTO ALLOWANCE/REIMBURSEMENT

EVENT DATE			EARN CODE	AMOUNT	PROGRAM	PROJECT/GRANTS	ACCOUNT CODE
MO	DAY	4 DIGIT YR					
02	24	2007	901	549.51	7220		
02	24	2007	921	(173.19)	7220		
TOTAL AMOUNT				376.32			

RECEIVED
 JAN MAR 27 2 3:51
 MILWAUKEE HEALTH
 DEPARTMENT

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.

MONTHLY AUTOMOBILE ALLOWANCE/REIMBURSEMENT RECORD

LICENSE PLATE NO. 101-KDT

MONTH OF February 2007

DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE		DATE	ODOMETER READING AT START OF DAY	MILEAGE	
		CITY	PERSONAL*			CITY	PERSONAL*			CITY	PERSONAL*
1	26079	55	145	12	27284	17	38	23	28259	80	90
2	26279	106	383	13	27339	91	41	24			
3				14	27471	41	54	25			
4				15	27566	42	39	26	28429	54	20
5	26768	60	36	16	27647	42	178	27	28503	95	34
6	26864	74	23	17				28	28632	49	129
7	26961	18	23	18				29			
8	27002	14	51	19	27867	52	25	30			
9	27067	60	157	20	27944	75	46	31			
10				21	28065	50	34	Totals This Month		1133	1598
11				22	28149	58	52	Totals Last Report		1562	822

INCLUDES DAILY AVERAGE MILES BETWEEN WORK AND HOME (INCLUDE LUNCH) OF 3 MILES.

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

Marquette Flowers 2/28/07
 Employee's Signature Date

I have reviewed the mileage reimbursement request and believe it conforms to S. 350-183 of the Code of Ordinances and that the mileage shown appears reasonable and is in accordance with the employee's duties.

James R. 3/20/07
 Department Head's Signature Date

- Total miles driven-all autos 1133
- Reimbursement per City rates 376.32
- Miles on line 1 times Federal rate (enter to earn code 901) 549.51
- Line 2 less 3, if negative, use brackets (enter to earn code 921) (173.19)

MILWAUKEE HEALTH DEPARTMENT
841 N. BROADWAY, 3RD FL
MILWAUKEE, WI 53202

FAX NUMBER: 414 286-8174

Facsimile Transmittal Sheet

Date: 8.10.07

To: Jared Alder Murphy Ofc

From: Bernita/Dr. Chen Ofc

Company:

Company:

Fax Number: x 3456

~~Fax~~ Number: (3456) 5708

Total # of pages including cover: 4

Comments:

