

Department of Auditor-Controller
CERTIFICATION FOR MILEAGE REIMBURSEMENT

To receive authorization to submit Mileage Reimbursement claims, please submit a scanned copy of your Driver's License along with a completed copy of this form to ACOperations@auditor.lacounty.gov. Claims for mileage cannot be processed without a valid driver's license on file.

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|-------------------------|---------------------------------|
| EMPLOYEE NAME: | |
| EMPLOYEE NUMBER: | DEPT. NUMBER: <u>050</u> |

| |
|-------------------------------------|
| START DATE OF CERTIFICATION: |
| CERT TYPE: OCCASIONAL DRIVER |

| | | |
|---------------------|---------------|-------------|
| WORK ADDRESS | | |
| STREET: | | |
| CITY: | STATE: | ZIP: |

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| DRIVER'S LICENSE TYPE: CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C <input type="checkbox"/> |
| DRIVER'S LICENSE NUMBER: |
| EXPIRATION DATE: |

I do not wish to join the mileage reimbursement program at this time and decline to submit a copy of my Driver's License.

EMPLOYEE'S SIGNATURE

DATE:

HR APPROVER SIGNATURE

DATE:

Please click the field below to add a scanned copy of your Driver's License.