

DEPARTMENT OF MANAGEMENT AND BUDGET  
**DRIVER EXPENSE REIMBURSEMENT VOUCHER**

Data Entry Document - Write or Print Clearly

		DATE	
		VEHICLE NUMBER	
NAME AND COMPLETE HOME MAILING ADDRESS	EMPLOYEE ID NUMBER	MAIL CODE	
	WORK PHONE NUMBER		
	DEPARTMENT		
	DIVISION		
	PERIOD COVERED	<b>DMB USE ONLY</b>	
		CHECKED	AUDITED
CHECK REIMBURSEMENT ITEMS BELOW. INDICATE QUANTITIES AND ATTACH RECEIPTS.		DUE DATE	
<input type="checkbox"/> CAR WASHES (How Many) <input type="checkbox"/> GAS (Number of Gallons) <input type="checkbox"/> OIL (Number of Quarts) <input type="checkbox"/> OTHER (Explain)	QUANTITY	DOLLAR AMOUNTS	
		\$	
		\$	
		\$	
		\$	
	<b>TOTAL AMOUNT</b>	<b>\$</b>	

I CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED ABOVE WERE INCURRED IN THE AUTHORIZED USE OF A STATE VEHICLE, AND REPRESENT PROPER CHARGES.

SIGNATURE OF DRIVER	DATE	APPROVAL SIGNATURE – SUPERVISOR OR MANAGER
---------------------	------	--

**SUBMIT TO:**

Department of Management and Budget  
 Financial Services Operations  
 Accounts Payable  
 P.O. Box 30026  
 Lansing, MI 48909

**FOR D.M.B. USE ONLY**

INDEX	COMPTROLLER OBJECT	COMMODITY CODE	AMOUNT
<b>TOTAL</b>			