

NCDOL Private Car Mileage Tracking Certification Statement

Period Covered:

Bureau/Division:

Employee Name:

Position Title:

Supervisor Name:

This certification statement is to attest the employee named above has driven

in total private car miles that were incurred while conducting official state business for the time period listed.

Under penalties of perjury, I certify that this is a true and accurate statement of the private car mileage incurred in the services of the State.

Employee Signature & Acknowledgment

Date

I have examined the private car mileage request and certify that it is just and reasonable.

Supervisor Approval & Attestation

Date