

**THE OHIO STATE UNIVERSITY
CERTIFICATE OF BUSINESS VERSUS PERSONAL MILEAGE
PERIOD COVERING NOVEMBER 1, _____ THROUGH OCTOBER 31, _____**

_____		_____	
Name		Employee ID	
Vehicle #1:			
_____		_____	_____
First Date of Use		Last Day of Use	Fair Market Value At Possession

_____	_____	_____	
Year	Make	Model (e.g, Integra GS, Accord Lx, Ex)	

_____	_____	_____	
Business Mileage	Personal Mileage	Total Mileage	

_____		_____		_____	
First Date of Use		Last Date of Use		Fair Market Value At Possession	

_____	_____	_____			
Year	Make	Model (e.g, IntegraGS,Accord Lx, Ex)			

_____	_____	_____			
Business Mileage	Personal Mileage	Total Mileage			

University gasoline provided: _____
Yes No

E-Mail Address: _____

Telephone: _____

Department Name: _____

I hereby certify that the above information is a true and accurate statement of the usage of the above described Ohio State University vehicle (s) during the period of time indicated. I further certify that appropriate records have been maintained to support the information provided.

Signature Date