Attachment II: Private Vehicle Reimbursement Daily Log

Department Name _____ Payroll Number _____ Month/Year _____

Employee Name _____ Department Number _____

Complete, sign and submit the form for reimbursement no later than the end of the month following the month that the travel took place. (Private Vehicle Reimbursement Procedure).

Date (dd-mmm-yyyy)	**Starting Location and Odometer Reading**	**Destination**	**Purpose**	**Kilometres Driven** 1
5-May-1985				

1 Claim only business KMs as defined in the Private Vehicle Reimbursement Procedure.

Total KM: 0.00

Employee: I certify that the private vehicle used to perform employment duties meets the insurance requirements set out in the Private Vehicle Reimbursement (PVR) Procedure. I further certify that I have a valid Alberta Operator's licence for the period of this claim as per the PVR Procedure.

Employee Signature Date

Supervisor: I confirm that the employee's insurance and license is valid as per the Private Vehicle Reimbursement Procedure.

Supervisor Signature Date

The personal information contained in this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act and will be used to process an employee private vehicle reimbursement claim. Questions about the collection of this information can be directed to: Corporate Accounting and Reporting Director, 6th Floor Chancery Hall, 780-496-7823.