

DA 5215
(DA MV 7)
3-21

STATE OF LOUISIANA
REIMBURSEMENT FOR PERSONALLY-OWNED VEHICLE USE

PERIOD COVERED:

(complete one)

MONTH YEAR OR FISCAL YEAR -

Check if
Agency
Name
Changed

Agency Number	<input type="text"/>
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Agency Name	<input type="text"/>
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Total Miles (Round off to nearest mile)	<input type="text"/>
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For fiscal year report only, identify on a separate page individual employees at or above breakeven mileage and mileage for which reimbursement was paid to each.

FISCAL YEAR-REPORT ONLY:

Number of Employees at or above annual breakeven mileage	<input type="text"/>
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Number of Employees below annual breakeven mileage	<input type="text"/>
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Signed: _____

Title: _____

Phone: _____

Date: _____

DIVISION OF ADMINISTRATION