



Prosecuting Attorneys' Council of Georgia

Officer's Record of Non-Cash Fringe Benefit Received from use of State Vehicle for Commuting To and From Work

Month and Year:	Vehicle Identification Number:	
	last 4 digits	
Employee Name:	Employee ID#:	
Work Headquarters Address:		
Residence Address:		
Make and Model of Vehicle:	Tag#:	Type:

LIST DATES VEHICLE USED FOR COMMUTING TO WORK DURING MONTH

Day of Month	Round Trip	One Way	Did Not Commute	Day of Month	Round Trip	One Way	Did Not Commute	Day of Month	Round Trip	One Way	Did Not Commute
1				12				23			
2				13				24			
3				14				25			
4				15				26			
5				16				27			
6				17				28			
7				18				29			
8				19				30			
9				20				31			
10				21							
11				22							

Standard Reasons for Not Commuting: W - Weekend H - Holiday L - Leave B - Business Trip
 U - Used Other Means V - Vehicle Inoperable O - Other
Explain "Used Other Means": _____

Total Number of Round Trips		@ \$3.00 per day =	\$
Total Number of One Way Trips		@ \$1.50 per day =	\$
Total Non-Cash Benefit			\$

This is to certify the above amount as the total non-cash fringe benefit which I received during this month.

SIGNATURE

DATE