

**MFOMS-17
STATE MOTOR VEHICLE COMMUTE CHARGE
(Revised 3/2019)**

Agency Name:	Agency Appropriation Code:								
State Vehicle License Plate #:	State Vehicle VIN#:								
State Vehicle Type (Sedan, Van, Pickup, SUV, etc...):									
Assigned Driver:	Phone Number:								
<table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;">_____</td> <td style="width:33%; border:none;">_____</td> <td style="width:33%; border:none;">_____</td> </tr> <tr> <td style="border:none;">Last name</td> <td style="border:none;">First name</td> <td style="border:none;">M.I.</td> </tr> </table>	_____	_____	_____	Last name	First name	M.I.	<table style="width:100%; border:none;"> <tr> <td style="width:100%; border:none;">_____</td> </tr> <tr> <td style="border:none;">Driver's Preferred Phone Number</td> </tr> </table>	_____	Driver's Preferred Phone Number
_____	_____	_____							
Last name	First name	M.I.							

Driver's Preferred Phone Number									
Assigned Driver's Title and Office/Unit Name:	Social Security #:								
Driver's Home Address:									

Street	Unit/Apt. #								

City	State	Zip Code							
Driver's State Office Address:									

Street	Room/Suite #								

City	State	Zip Code							
Address at which the vehicle will be parked overnight:									

Street	Unit/Apt. #								

City	State	Zip Code							
Purpose Code (Choose One):									
1. Initiate Commute Charge for this Authorized Driver.									
2. Cancel Commute Charge for this Authorized Driver.									
3. Change Commute Charge for this Authorized Driver, i.e. change in commute miles, change in vehicle type.									
BiWeekly Deduction Amount: \$	Round-Trip Commute Miles (attach map):								
<p>Please read the following statement before completing this form. I solemnly declare under penalty of perjury that to the best of my knowledge, information and belief, the contents of this form are true. I agree to make proper notification to the Department of Budget & Management in the event of any change, which affects the accuracy of this form.</p>									

ASSIGNED DRIVER SIGNATURE	Print Name	DATE
FLEET MANAGER'S AUTHORIZATION	Print Name	DATE
DEPARTMENT/AGENCY HEAD AUTHORIZATION	Print Name	DATE
DEPARTMENT OF BUDGET & MANAGEMENT APPROVAL		DATE

* An original of this form is to be forwarded to the State Fleet Administration Unit for processing.
 **Attach a map (such as GoogleMaps with the route shown) depicting the driver's work and home addresses.