

**REPORT A**  
**"BUSINESS PURPOSES ONLY"**  
**USE OF STATE OF MAINE VEHICLES**  
**(No Personal Use)**

Department: \_\_\_\_\_

Agency/Division: \_\_\_\_\_

Vehicle License Plate, Vehicle Year, Make and Model: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Mileage

November 1, 2016 through October 31, 2017

Start	Stop	Total
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*I understand that the vehicle is assigned for State business purposes only and has not been used for personal purposes other than de minimis use.*

*This is to satisfy substantiation record requirements in accordance with 26 CFR 1.274-5.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferably, PDF copies of this form should be e-mailed to [thomas.g.randall@maine.gov](mailto:thomas.g.randall@maine.gov).  
Otherwise, submit hardcopies to the Office of the State Controller, SHS#14, Attn: Thomas Randall.  
The original copy should be retained by Department's or Agency's Administrative Unit for audit purposes.