

DA 5215  
(DA MV 7)  
6-86

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**