



**THE OHIO STATE UNIVERSITY
 CERTIFICATE OF BUSINESS VERSUS PERSONAL MILEAGE PERIOD
 COVERING NOVEMBER 1 THROUGH OCTOBER 31**

Name	ID	
Vehicle #1:		
First Date of Use	Last Day of Use	Fair Market Value At Possession
Year	Make	Model (e.g., Integra GS, Accord Lx, Ex)
Business Mileage	Personal Mileage	Total Mileage

First Date of Use	Last Date of Use	Fair Market Value At Possession
Year	Make	Model (e.g., Integra GS, Accord Lx, Ex)
Business Mileage	Personal Mileage	Total Mileage

University gasoline provided: Yes No

E-Mail Address: _____

Telephone: _____

Department Name: _____

I hereby certify that the above information is a true and accurate statement of the usage of the above described Ohio State University vehicle (s) during the period of time indicated. I further certify that appropriate records have been maintained to support the information provided.

Signature	Date