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MAY 6 8 15 AM '99

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DEPARTMENT OF ACCOUNTING
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MAY - 5 1999

COMPTROLLER'S MEMORANDUM NO. 1999-12

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

SUBJECT: Revised Personal Automobile Mileage Voucher, SAFORM C-33

This is to inform departments that a revised Personal Automobile Mileage Voucher, SAFORM C-33 will be implemented on July 1, 1999. This form consolidates the SAFORM C-33 and the Calculation of Reportable and Taxable Mileage form into one (1) form. As a result, the Calculation of Reportable and Taxable Mileage form will not be required when using the revised SAFORM C-33. The original form should be used to voucher the payment, and a copy should be used to report the appropriate payroll calculations of reportable and taxable amounts. The new form will be available from Correctional Industries beginning June 1, 1999.

Remaining quantities of the old form may be used until depleted. However, when using the old SAFORM C-33, the Calculation of Reportable and Taxable Mileage form will be required to report the appropriate payroll calculations of reportable and taxable amounts.

Attached for your information is a sample copy of the revised form with the significant changes described below:

PERSONAL AUTOMOBILE MILEAGE VOUCHER, SAFORM C-33

1. In the top right hand section, inserted the words "PAYROLL NO." after the line that follows "BU".

2. In the section with the column heading "NET MILES TRAVELED+", changed the heading "NET MILES TRAVELED+" to "MILES TRAVELED".

3. To the right of the column above, added a column for "PARKING FEES".

4. At the bottom left section of the form, abbreviated the word "EXPIRATION" to "EXP.".

5. At the bottom right section of the form, changed the format of the section regarding the TOTAL MILEAGE through the TOTAL CLAIM FOR REIMBURSEMENT to the following:

   A. TOTAL MILEAGE

   B. TOTAL MILEAGE CLAIM
      (A x Rate: _____ cents)

   C. TOTAL PARKING FEES

   D. TOTAL CLAIM FOR REIMBURSEMENT (B+C)

6. In the same section as above, added the "CALCULATION OF REPORTABLE & TAXABLE MILEAGE**" as follows:

   E. FEDERALLY ALLOWED AMOUNT (L)
      (A x Rate: _____ cents)

   F. TAXABLE AMOUNT (B-E) (T)

7. In the same section as above, moved the "APPROVED" part to a new section across the bottom of the form.

8. On the bottom of the form, added an explanation of the calculation mentioned above.

9. Deleted notations for "* Optional Items" and "+ Adjusted to allowable mileage".

10. Changed revision date to "JULY 1, 1999 (REVISED)".

If there are any departments who are using a computer-printed SAFORM C-33 and would like to continue using the computer-printed form, a written request must be sent to the Comptroller for approval.

Should there be any questions regarding this memorandum, please call Dona Kang of our Systems Accounting Branch at 586-0610.

RAYMOND H. SATO
State Comptroller

Attachment

STATE OF HAWAII

PERSONAL AUTOMOBILE MILEAGE VOUCHER

DOCUMENT CONTROL NO. _____ MONTH OF _____ YEAR _____

DEPARTMENT/DIV. _____

BRANCH/SECTION _____

YEAR & MAKE _____ MODEL & TYPE _____

SUBMITTED BY (PRINT NAME) _____

SOCIAL SECURITY NO. _____

POSITION TITLE _____

BU _____ (1) PAYROLL NO. _____

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJECT	PH	ACT	AMOUNT		OPTIONAL DEPARTMENTAL DATA
XX	XXX	X	XX	XXX	XX	XXXX	XXXX	XXXXXX	XX	XXX	XXXXXXXXXX	XX	X(22)

MONTH/ DAY	TRIP NUMBER	FROM	TO	REMARKS	(2) MILES TRAVELED	(3) PARKING FEES

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT RECORD OF MILEAGE ON MY PERSONAL AUTOMOBILE USED IN THE PERFORMANCE OF MY OFFICIAL DUTIES IN ACCORDANCE WITH THE COMPTROLLER'S RULES AND REGULATIONS GOVERNING OFFICIAL TRAVEL AND TRANSPORTATION EXPENSES. (5)

I FURTHER CERTIFY THAT I CARRY THE MINIMUM LIABILITY INSURANCE AS REQUIRED BY THE "HAWAII NO-FAULT LAW" WITH:

_____ (6)
(INSURANCE COMPANY)

(4)
POLICY NO. _____ EXP. DATE _____

_____ (EMPLOYEE'S SIGNATURE) _____ (DATE)

A. TOTAL MILEAGE	
B. TOTAL MILEAGE CLAIM (A X Rate: _____ cents)	
C. TOTAL PARKING FEES	
D. TOTAL CLAIM FOR REIMBURSEMENT (B+C)	

CALCULATION OF REPORTABLE & TAXABLE MILEAGE **

E. FEDERALLY ALLOWED AMOUNT (A X Rate: _____ cents)		(L)
F. TAXABLE AMOUNT (B-E)		(T)

APPROVED: (7)

_____ (SIGNATURE) _____ (DATE) _____ (TITLE)

(8) ** The taxable mileage amounts calculated above will be reported as income to the IRS. Taxable mileage amounts for employees will be processed through the State Payroll System and will result in the withholding of Federal, State, and FICA taxes from gross payroll wages. Retain a copy of the form for use in preparation of your personal tax return.

(10) STATE ACCOUNTING FORM C-33
JULY 1, 1999 (REVISED)

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