#### REPORT A

###### "BUSINESS PURPOSES ONLY"

USE OF STATE OF MAINE VEHICLES

**(No Personal Use**)

*Department:*

*Agency/Division:*

*Vehicle Year, Make, Model, and Unit Number:*

*Employee's Name:*

*Date(s) of Use:*

*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.

## 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.