

**Monthly Report  
Employee Fringe Benefits**

County \_\_\_\_\_

Month \_\_\_\_\_

**Section 1:** If the vehicle remains on public property after working hours, please list the license numbers and the individual(s) responsible for the vehicle.

LICENSE #	NAME OF INDIVIDUALS
_____	_____
_____	_____
_____	_____
_____	_____

**Section 2:** If the vehicle is not left on public property after working hours and is used only for the purpose of commuting to and from work, please list below the license number and names of the individual(s) who drive the vehicle and the number of days the vehicle was used for commuting purposes.

LICENSE #	NAME OF INDIVIDUALS	# OF DAYS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 3:** If the vehicle is not left on public property after working hours and is used for other personal purposes besides commuting to and from work, please list below the license number, name of individual(s), miles used for personal purposes and total miles.

LICENSE #	NAME OF INDIVIDUALS	PERSONAL MILES	TOTAL MILES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify, subject to the provision of **KRS 532.100** (unsworn falsification to authorities) that all data furnished herewith are true and correct to the best of my knowledge.

\_\_\_\_\_ Property Valuation Administrator of

\_\_\_\_\_ County.

Date \_\_\_\_\_