

APPENDIX N – VOUCHER INCENTIVE PROGRAM USAGE REPORT

MSCD/ITAB-235 (NEW 01/2023) PAGE 1 OF 2

Thank you for participating in the Carl Moyer Voucher Incentive Program. Fill out this usage report as required by the voucher agreement and return to the address below within five business days. Provide your mileage and/or fuel usage for the time period checked below based on the date of your voucher redemption.

Annual Usage Year #1
 Months 1 – 12

Annual Usage Year #2
 Months 13 – 24

Annual Usage Year #3
 Months 25 – 36

PARTICIPANT INFORMATION:

Name: _____
 Address: _____

VEHICLE INFORMATION:

Make: _____
 Model/Year: _____
 VIN: _____

I still own the vehicle and for the previous 12 months have in California: (Print legibly)

Driven _____ miles

The odometer reading is:

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I operated the vehicle about _____ percent of the time for the previous 12 months in California.

Using the map at right, estimate the percentage of your annual mileage or fuel usage that occurred in each area.

North Coast:	Northeast Plateau:
Lake County:	Sacramento Valley:
San Francisco Bay:	Mountain Counties:
North Central Coast:	Lake Tahoe:
South Central Coast:	San Joaquin Valley:
South Coast:	Great Basin Valleys:
San Diego County:	Mojave Desert:
Outside California:	Salton Sea:

NOTE: The total of all percentages must equal 100.



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MSCD/ITAB-235 (NEW 01/2023) PAGE 2 OF 2

By signing below, I certify, under penalty of perjury under the laws of California, that I have examined and am familiar with the requirements of and my obligations under the Voucher Incentive Program and that the information, data and statements provided are accurate, true and complete. Based on my completion of a reasonable review of records and my inquiry of those individuals with primary responsibility for obtaining said information, data and statements, I further certify under penalty of perjury under the laws of California that said statements, data and information are true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false statements, data and information, including the possibility of criminal sanctions.

Name:	
Signature:	Date:

Return report to:
