

Mayfield Central School  
 27 School Street  
 Mayfield NY 12117



### Mileage Reimbursement Form

Pay To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Directions:** Complete this form to request reimbursement for mileage for School Related travel in your own vehicle. Sign as claimant and return to the appropriate Administrator (Principal, Supervisor or Business Manager). Directions (printout from Google Maps) must be attached and agree to the amounts entered on this claims form. Certificate below **MUST BE SIGNED** by all parties before payment is made.

DATE OF TRAVEL	FROM (LOCATION NAME AND ADDRESS)	TO (LOCATION NAME AND ADDRESS)	PURPOSE OF TRAVEL	# OF MILES (ONE-WAY)
		<b>TOTAL # OF MILES</b>		
<b>- OFFICE USE ONLY -</b>		<b>X MILEAGE REIMBURSEMENT RATE</b>		
		<b>TOTAL \$ AMOUNT TO BE PAID</b>		
<b>ACCOUNT CODE(S):</b>				

Sign as claimant to certify that the mileage charged and included in the above claim have actually been driven; that the charges are therefore true and just, and that no payments have been made therefore except as included therein.

\_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_  
 CLAIMANT SIGNATURE

\_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_  
 ADMINISTRATOR SIGNATURE

\_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_  
 SUPERINTENDENT / PURCHASING OFFICIAL SIGNATURE