PITTSFORD CENTRAL SCHOOLS MILEAGE CLAIM FORM

NAME: ADDRESS:				PLEASE PRINT LEGIBLY	
DATE	FROM	то	PURPOSE	MILEAGE	OTHER*
	Mileage Claims should be submitted to the Business Office monthly				
			TOTAL: Totals from all pages:		
* List incide	ntal expenses	such	Total mileage x approved rate*	`=	
as parking, meals or tolls and attach receipts.			Total amount of "Other" items * =		
				Total amount of this claim=	
				L	
	Signature of	Claimant		 Da	te
Charge to budget code:					
I, the Imi	aget code: nediate Super	visor, certify that this accoun	nt has been examined and, to the best of my knowled	Vendor #: ge and belief, th	e amounts
claimed	were necessa	ry for the performance of the	claimant's assignments.	-	
Recommended for Payment			Date		
Verified for Payment (Initials) Date Purchasing Department					
Recommended for Payment			Date		

**Approved rate 1through 12/31/2023= .655 rate beginning 1/1/2024 = 0.67

Last Updated: 1/01/24