# PITTSFORD CENTRAL SCHOOLS

## MILEAGE CLAIM FORM

**NAME:**

**ADDRESS:**

PLEASE PRINT LEGIBLY

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<tr>
<th>DATE</th>
<th>FROM</th>
<th>TO</th>
<th>PURPOSE</th>
<th>MILEAGE</th>
<th>OTHER*</th>
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**Mileage Claims should be submitted to the Business Office monthly**

**TOTAL:**

Totals from all pages:

Total mileage x approved rate** =

Total amount of "Other" items * =

Total amount of this claim =

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*List incidental expenses such as parking, meals or tolls and attach receipts.

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Signature of Claimant: __________________________ Date: _____________

Charge to budget code: ________ Vendor #: ________

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**I, the Immediate Supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the claimant’s assignments.**

Recommended for Payment: __________________________ Date: _____________

Immediate Supervisor: __________________________ Date: _____________

Verified for Payment (Initials): __________________________ Date: _____________

Purchasing Department: __________________________ Date: _____________

Recommended for Payment: __________________________ Date: _____________

Internal Claims Auditor: __________________________ Date: _____________

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**Last Updated: 12/28/2018**

**Approved rate through 12/31/2018 = .545, rate beginning 1/1/2019 = .58**