## BERLIN CENTRAL SCHOOL DISTRICT 2016/2017 MILEAGE CLAIM

Claimant:			Date:	Date:		
Address:	This form is to be used solely for reimbursable travel. Use chart on back for in-district mileage.  PLEASE ATTACH MAP QUEST DIRECTIONS FOR TRAVEL OUT OF DISTRICT.					
Regularly so			trips between and			
on the dates	:					
	Miles per trip	:	Total mileage:			
DATE	FROM TO		REASON (Please list)	Miles		
OFFICE	USE	ONLY	Total Mileage  Reimbursement Rate	\$ .535		
			Sub-Total	\$		
			Misc. Parking Fees and Tolls (attach receipts)	\$		
			Total Expense	\$		
I hereby certify	that the above accou	nt and any attachm	nents are just, true and correct; and that no part thereof has been paid, except as stated to balance therein stated is actually due and owing.	herein; and that the		
	Claimant Sig	nature	Date			
Imi	mediate Supervis	or Signature	Date Buc	lget Code		
Bu	siness Administra	ator Signature	 			

## **IN-DISTRICT MILEAGE**

