

BERLIN CENTRAL SCHOOL DISTRICT
2017/2018 MILEAGE CLAIM

Claimant: _____ 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 scheduled travel: _____ 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 account and any attachments are just, true and correct; and that no part thereof has been paid, except as stated therein; and that the balance therein stated is actually due and owing.

Claimant Signature

Date

Immediate Supervisor Signature

Date

Budget Code

Business Administrator Signature

Date

BERLIN CENTRAL SCHOOL DISTRICT
2017/2018 MILEAGE CLAIM
IN-DISTRICT MILEAGE

