

CO – 5AA

MILEAGE REPORT AND CLAIM

Name: _____
Address: _____

CLAIMANT MUST COMPLETE:
 Total Miles Traveled: _____
 Less Commuting Miles: _____
 Reimbursable Miles Traveled: _____
 Mileage Rate: \$.57.5
 Amount Due: _____
 Parking Tolls: _____
 Total Due: _____

DATE	FROM	TO	PURPOSE	Travel Miles	Minus Home Commute Miles	Total Miles (Travel miles less commute miles)

This report should be submitted to the Principal/Supervisor for approval. (Mileage from conferences should be sent to Angela Cowan in Central office to be forwarded to the appropriate administrator.) Once approved, form should be forwarded to the Business Office in Central Office.

CLAIMANT SIGNATURE: _____
POSITION: _____
DATE: _____

SUPERVISOR/PRINCIPAL APPROVAL SIGNATURE: _____

SUPERINTENDENT/DESIGNEE APPROVAL SIGNATURE: _____

FOR CENTRAL OFFICE USE ONLY

SIGNATURE OF PURCHASING OFFICIAL: _____ **DATE:** _____