

CO – 5AA

MILEAGE REPORT AND CLAIM

Name: _____ Address: _____ _____ _____

CLAIMANT MUST COMPLETE:	
Total Miles Traveled:	_____ 45 _____
Less Commuting Miles:	_____ 15 _____
Reimbursable Miles Traveled:	_____ 30 _____
Mileage Rate:	_____ \$.56 _____
Amount Due:	_____ 16.80 _____
Parking Tolls:	_____ 2.00 _____
Total Due:	_____ 18.80 _____

DATE	FROM	TO	PURPOSE	Travel Miles	Minus Home Commute Miles	Total Miles (*Travel miles less commute miles)
9/21/17	XYZ Street, Kinderhook	SUNY Center, Albany	Public Education Seminar	22.5	7.5	15
9/21/17	SUNY Center, Albany	XYZ Street, Kinderhook	Public Education Seminar	22.5	7.5	15

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:** _____

Revised 7/7/09 Distributed 7/17/09; R-Distributed 7/9/10; 11/28/11 R-Distributed; R-Distributed 5/9/12; R-Distributed 9/10/13; R-Distributed 1/8/14; R-Distributed 1/5/15; R-1/1/16; R-1/2/18, R-12/28/18, R-Distributed 1/13/20, R-Distributed 12/29/20