

**CO – 5AA**

**MILEAGE REPORT AND CLAIM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**CLAIMANT MUST COMPLETE:**

Total Miles Traveled: \_\_\_\_\_

Less Commuting Miles: \_\_\_\_\_

Reimbursable Miles Traveled: \_\_\_\_\_

Mileage Rate: \$.65.5

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) Once approved, form should be forwarded to the Business 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, R-7/5/22ac, R-1/13/23ac,