

Ichabod Crane Central School
 Central Administration
 PO Box 820
 Valatie, NY 12184

CO – 5AA

MILEAGE REPORT AND CLAIM

Name: _____

Address: _____

CLAIMANT MUST COMPLETE:

Total Miles Traveled: _____

Less Commuting Miles: _____

Reimbursable Miles Traveled: _____

Mileage Rate: \$.67

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 Amy Kneller 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:** _____