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: ____$.76__

AmountDue: _____

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 ONY

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, R12/27/23ak