

# TUTORING MILEAGE CLAIM FORM

To: Washingtonville Central School District  
**ATTN: Accounts Payable- EXT 27038**  
52 West Main Street  
Washingtonville, NY 10992

**Claimant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

\_\_\_\_\_

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**NOTE: A "MAPQUEST" PRINT-OUT IS REQUIRED SHOWING *SHORTEST* DISTANCE FROM STUDENT'S HOME SCHOOL TO STUDENT'S RESIDENCE. (DETAILED LISTING SHOWING ADDRESS AND TURN BY TURN DIRECTIONS FROM STARTING POINT TO ENDING POINT). PLEASE PRINT CLEARLY. FORMS WILL BE RETURNED IF INFORMATION IS MISSING OR INCORRECT.**

**Student's Name:** \_\_\_\_\_ **Student's Address:** \_\_\_\_\_

**Student's School:** HS MS LB RH TF \_\_\_\_\_

<p><b>Dates of Tutoring: (Please list each date)</b></p>  <hr/> <p><b>Number of trips:</b></p> <hr/> <p><b>Miles per Round trip: (school/home/school) *please specify if this is one way only*</b></p> <hr/> <p><b># of Trips</b> _____ <b>X Miles per Round Trip</b> _____ <b>X</b> _____ <b>Per mile = \$</b> _____</p>
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**Claimant MUST sign this form:**

\_\_\_\_\_  
**Signature of Claimant** Title Date

\_\_\_\_\_  
**Signature of Originating Official** Title Date

\_\_\_\_\_  
**Signature of Asst Supt. for Business** Date