



Millbrook

CENTRAL SCHOOL DISTRICT

MILEAGE CLAIM FORM

Date Submitted: _____

Based on PO#: _____

Claimant: _____

Address: _____

Date	Destination		Return	Reason	Miles	Misc:
	<i>From</i>	<i>To</i>				
						<i>attach all receipts</i>

TOTALS:

I hereby certify that the above account and schedules annexed are just, true, and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated are actually due and owing.

x _____
Signature of Claimant

x _____
Approval of Immediate Supervisor

x 0. _____ per mile	IRS MILEAGE RATE
	← Sub-total
	← Add misc. total here
	← TOTAL DUE