

Hermon-DeKalb Central School

**Complete this form and forward directly to your Supervisor.
Following approval, Supervisor will forward claim to the Business Office**

MILEAGE CLAIM

Claimant:

Home to School - Round Trip: Miles

Address:

[illegible]

I hereby certify that the mileage claimed above has been incurred in the performance of my assigned duties and is true and correct, and that the total claimed is actually due and owing. Reimbursement rate is 575 cents per mile.

Total mileage:

Mileage rate: \$0.575

Date: _____

Amount of Claim:	0
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SS# |

Signature: _____

Code:

Approved By: _____