

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 .56 cents per mile.

Total mileage:

Mileage rate: \$0.56

Date: _____

Amount of Claim:

0

SS#

Signature: _____

Code:

Approved By: _____