

New York Mills Union Free School District

MILEAGE AND EXPENSE REIMBURSEMENT

Name: _____

Address: _____

Vendor # _____ Budget Code: _____

MILEAGE EXPENSES (only)

Date(s)	Start Location	Destination	End Location	# of miles	Purpose (Reason for Trip)

Total Mileage @ \$0.56 = \$ _____

OTHER EXPENSES (tolls, meals, etc.) Itemized receipts must be attached. Pre-approved conference requests must be attached if applicable.

Date	Description/Reason/Location (Names & Roles of Guests for Meal Reimbursement.) Be specific	Total \$
	Total	\$
	Other	

Grand Total (Mileage and other \$ _____)

I certify that the above claim is accurate and that these charges were incurred in the performance of assigned job duties. If this request is for meal reimbursement, I certify that it does not include any costs for alcoholic beverages. I further certify that any claims submitted herein are in conformance with the criteria established by policy #4502.

Date: _____

Employee Requesting Reimbursement

Claim Verified: Date: _____

Immediate Supervisor/Principal

Claim Approved: Date: _____

Superintendent