

MT. PLEASANT CENTRAL SCHOOL DISTRICT  
THORNWOOD, NY 10594

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ADMINISTRATOR CLAIM FORM

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Name (please print)

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Social Security Number (last four #'s)

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Street

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City/State/Zip

This claim form may be used for reimbursement of pre-approved school related expenses. Attach **ORIGINAL, DETAILED** receipts. Mileage will be calculated from Mt. Pleasant CSD and is reimbursed at a rate of 67 cents per mile. Please include Map Quest for mileage reimbursement.

DESCRIPTION & DATE

BUDGET CODE

AMOUNT

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\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Total Due: \_\_\_\_\_

\_\_\_\_\_  
Purchasing Agent

\_\_\_\_\_  
Superintendent

(Color: Goldenrod)