

MT. PLEASANT CENTRAL SCHOOL DISTRICT
THORNWOOD, NY 10594

SUPERINTENDENT CLAIM FORM

Name (please print)

Social Security Number (last four #'s)

Street

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

Signature

Date: _____

Total Due: _____

Purchasing Agent

Board President

(Color: Goldenrod)