PITTSFORD CENTRAL SCHOOLS
MILEAGE CLAIM FORM

NAME: _____

ADDRESS: _____

_____

PLEASE PRINT LEGIBLY

DATE	FROM	TO	PURPOSE	MILEAGE	OTHER*
	Mileage Claims should be submitted to the Business Office monthly				
			TOTAL:		
			Totals from all pages:		

***** *List incidental expenses such as parking, meals or tolls and attach receipts.*

Total mileage x approved rate**=

Total amount of "Other" items ***** =

Total amount of this claim= _____

_____ _____

Signature of Claimant *Date*

Charge to budget code: _____ Vendor #: _____

I, the Immediate Supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the claimant's assignments.

Recommended for Payment _____ Date _____
Immediate Supervisor

Verified for Payment (Initials) _____ Date _____
Purchasing Department

Recommended for Payment _____ Date _____
Internal Claims Auditor

Last Updated: 1/03/24

***Approved rate through 12/31/2023 = .655. Rate beginning 1/1/2024 = 0.67*