

MT. PLEASANT CENTRAL SCHOOL DISTRICT
THORNWOOD, NY 10594

EMPLOYEE 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 the point of origin and is reimbursed at a rate of .76 cents per mile. Please attach Map Quest for mileage reimbursement.

DESCRIPTION & DATE

BUDGET CODE

AMOUNT

Signature

Date: _____

Total Due: _____

Appropriate Supervisor

Superintendent

Purchasing Agent

(Color: Blue)