

**HADLEY~LUZERNE CENTRAL SCHOOL DISTRICT
TRAVELING STAFF
MILEAGE REIMBURSEMENT FORM**

Please fill out this form in order to be reimbursed for travel expenses between schools.
The rate of reimbursement is 55.5¢ per mile effective 7/1/11

Vendor Name: _____

Month of _____

Vendor #: _____

Code: _____

Day	Number of Trips	Miles	0.555	Daily Total	Comment
1			0.555	\$0.00	
2			0.555	\$0.00	
3			0.555	\$0.00	
4			0.555	\$0.00	
5			0.555	\$0.00	
6			0.555	\$0.00	
7			0.555	\$0.00	
8			0.555	\$0.00	
9			0.555	\$0.00	
10			0.555	\$0.00	
11			0.555	\$0.00	
12			0.555	\$0.00	
13			0.555	\$0.00	
14			0.555	\$0.00	
15			0.555	\$0.00	
16			0.555	\$0.00	
17			0.555	\$0.00	
18			0.555	\$0.00	
19			0.555	\$0.00	
20			0.555	\$0.00	
21			0.555	\$0.00	
22			0.555	\$0.00	
23			0.555	\$0.00	
24			0.555	\$0.00	
25			0.555	\$0.00	
26			0.555	\$0.00	
27			0.555	\$0.00	
28			0.555	\$0.00	
29			0.555	\$0.00	
30			0.555	\$0.00	
31			0.555	\$0.00	
Total Miles		Total Due			

This is to certify that the charges in the above claim and included in the same amounting to \$0.00 have been actually performed for, furnished
That said claim is just, due, and unpaid and that there are no offsets against the same; that the items and specifications are correct; that the

Signature of Claimant: _____

Date: _____

Principal's Approval: _____

Date: _____

Purchasing Agent's Approval: _____

Date: _____