

**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 56.5¢ per mile effective 1/1/13

Vendor Name:
Vendor #:

Month of
Code:

Day	Number of Trips	Miles	0.565	Daily Total	Comment
1			0.565	\$0.00	
2			0.565	\$0.00	
3			0.565	\$0.00	
4			0.565	\$0.00	
5			0.565	\$0.00	
6			0.565	\$0.00	
7			0.565	\$0.00	
8			0.565	\$0.00	
9			0.565	\$0.00	
10			0.565	\$0.00	
11			0.565	\$0.00	
12			0.565	\$0.00	
13			0.565	\$0.00	
14			0.565	\$0.00	
15			0.565	\$0.00	
16			0.565	\$0.00	
17			0.565	\$0.00	
18			0.565	\$0.00	
19			0.565	\$0.00	
20			0.565	\$0.00	
21			0.565	\$0.00	
22			0.565	\$0.00	
23			0.565	\$0.00	
24			0.565	\$0.00	
25			0.565	\$0.00	
26			0.565	\$0.00	
27			0.565	\$0.00	
28			0.565	\$0.00	
29			0.565	\$0.00	
30			0.565	\$0.00	
31			0.565	\$0.00	
Total Miles			0.565		

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 and/or delivered to the Business Office, 27 Ben Rosa Park, Lake Luzerne, NY.
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 sums charged are reasonable and just; that no payment has been made on account thereof except as included or referred to in such account or claim.

Signature of Claimant: _____

Date: _____

Principal's Approval: _____

Date: _____

Purchasing Agent's Approval: _____

Date: _____