BERLIN CENTRAL SCHOOL DISTRICT
2010/2011 MILEAGE CLAIM

Claimant: _____ Date: _____

Address: _____

This form is to be used solely for reimbursable travel. **Use chart on back for in-district mileage.**
PLEASE ATTACH MAP QUEST DIRECTIONS FOR TRAVEL OUT OF DISTRICT.

Regularly scheduled travel: _____ trips between _____ and _____

on the dates: _____

_____

Miles per trip: _____ Total mileage: _____

DATE	FROM	TO	REASON (Please list)	Miles
OFFICE	USE	ONLY	Total Mileage	
			Reimbursement Rate	$ .50
			Sub-Total	$.
			Misc. Parking Fees and Tolls (attach receipts)	$.
			Total Expense	$.

I hereby certify that the above account and any attachments are just, true and correct; and that no part thereof has been paid, except as stated therein; and that the balance therein stated is actually due and owing.

_____ _____
Claimant Signature Date

_____ _____ _____
Immediate Supervisor Signature Date Budget Code

_____ _____
Business Administrator Signature Date

Revised 7/1/10

BERLIN CENTRAL SCHOOL DISTRICT
2010/2011 MILEAGE CLAIM

IN-DISTRICT MILEAGE

Grafton Elementary School
|
|
|
|
| -- 10.01 miles
|
|
|
|
Berlin Elementary School
|
|
|
|
| -- 3.94 miles
|
|
|
|
Berlin JR/SR High School
|
|
|
|
| -- 7.34 miles
|
|
|
|
Stephentown Elementary School