

CINCINNATUS CENTRAL SCHOOL DISTRICT
Board of Education
2809 Cincinnatus Road
Cincinnatus, NY 13040



DATE: _____
Employee #: _____
Name and Complete Mailing Address: _____

Mileage Reimbursement Claim Form

| <u>Date</u> | <u>Start Location</u> | <u>End Location</u> | <u>Reason for Trip (Please be specific)</u> | <u>Total Miles</u> | <u>Miles from Home to CCS**</u> | <u>Reimbursable Miles</u> |
|-------------|-----------------------|---------------------|---|--------------------|---------------------------------|---------------------------|
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**** If Start OR End Location is Home, the Miles from Home to CCS must be listed and subtracted from Total Miles.**

If Start AND End Locations are Home, double the Miles from Home to CCS. **Reimbursement will be based on mileage derived from MapQuest shortest distance calculations.

The difference equals Reimbursable Miles.

| | |
|------------------------------|-----------------|
| Total Mileage | |
| Rate Per Mile | X \$.58 |
| Total Mileage Expense | \$ |

I certify that this is an accurate record of expenses incurred and miles traveled by me in performance of my job responsibilities.

Signature _____
Approved _____
Business Administrator _____

Account Code _____