

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



DATE: January 2, 2018
 Employee #: _____
 Name and Complete Mailing Address:
CCS Employee
2809 One Lane Road
Chesterfield, NY 13000

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>
1/2/2018	Home	701 E. Genesee Street Syracuse, NY 13210	Conference	107	24	83

**** 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	83
Rate Per Mile	X \$.545
Total Mileage Expense	\$ 45.23

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

Signature Your signature here

Approved _____

Business Administrator _____

Account Code _____