

CINCINNATUS

CENTRAL SCHOOL DISTRICT

2809 Cincinnatus Road, Cincinnatus, NY 13040

CONTACT US

Phone: (607) 863-3200

Fax: (607) 863-4109

www.cc.cnyric.org

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MILEAGE REIMBURSEMENT CLAIM FORM

Date:						
Employee :	#:					
Name and	Complete Mailing	Address:				
-						
	_	Τ	T	1	1	Γ
Date	Start Location	End Location	Reason for Trip (Be Specific)	Total Miles	Miles From Home to CCS*	Reimbursement Miles
	-			1		
				1		
			1			
*If Start OR	End Location is Hon	ne, the Miles from H	ome to CCS must			
be listed and subtracted from <u>Total Miles</u> .				TOTAL MILEAGE		
If Start AND End Locations are Home, double the Miles from Home				RATE PER MILI	=	X \$. 70
<u>to CCS</u> . *Reimbursement will be based on mileage derived from MapQuest shortest distance calculations.				TOTAL MILEAGE EXPENSE \$		<u> </u>
The difference equals <u>Reimbursable Miles</u> .						
I certify that	this is an accurate re	cord of expenses inc	urred and miles travel	ed by me in perfo	ormance of my jo	bb responsibilities.
	Iministrator		Account Code			
DUSITIESS AC	lministrator		Account Code _			