



CINCINNATUS
CENTRAL SCHOOL DISTRICT

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MILEAGE REIMBURSEMENT CLAIM FORM

Date: _____

Employee #: _____

Name and Complete Mailing Address:

Date	Start Location	End Location	Reason for Trip (Be Specific)	Total Miles	Miles From Home to CCS*	Reimbursement Miles

*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	<u>X \$.665</u>
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 _____