



MILEAGE CLAIM FORM

NAME: _____

DATE	BETWEEN WHAT POINTS		MILES TRAVELED
	FROM	TO	

TOTAL MILES _____

**FOR WITHIN DISTRICT OR TO BOCES-PLEASE REFER TO THE IN-DISTRICT MILEAGE CHART
 FOR OUT OF DISTRICT TRAVEL-PLEASE ATTACH A GOOGLE MAP FOR MILEAGE**

This is to certify that said claim is just, due and unpaid and that there are no offsets against the same; that the items are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

Signature of Claimant

Date

Administrator's Signature

Date