

**CO – 5AA**

**MILEAGE REPORT AND CLAIM**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**CLAIMANT MUST COMPLETE:**  
 Total Miles Traveled: \_\_\_\_\_  
 Less Commuting Miles: \_\_\_\_\_  
 Reimbursable Miles Traveled: \_\_\_\_\_  
 Mileage Rate: \$.545  
 Amount Due: \_\_\_\_\_  
 Parking Tolls: \_\_\_\_\_  
 Total Due: \_\_\_\_\_

DATE	FROM	TO	PURPOSE	Travel Miles	Minus Home Commute Miles	Total Miles (Travel miles less commute miles)

**This report should be submitted to the Principal/Supervisor for approval. (Mileage from conferences should be sent to Angela Cowan in Central office to be forwarded to the appropriate administrator.) Once approved, form should be forwarded to the Business Office in Central Office.**

**CLAIMANT SIGNATURE:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**SUPERVISOR/PRINCIPAL APPROVAL SIGNATURE:** \_\_\_\_\_

**SUPERINTENDENT/DESIGNEE APPROVAL SIGNATURE:** \_\_\_\_\_

*FOR CENTRAL OFFICE USE ONLY*

**SIGNATURE OF PURCHASING OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Revised 7/7/09 Distributed 7/17/09; R-Distributed 7/9/10; 11/28/11 R-Distributed; R-Distributed 5/9/12; R-Distributed 9/10/13; R-Distributed 1/8/14; R-Distributed 1/5/15; R-1/1/16, R-1/2/18