

CO – 5AA

MILEAGE REPORT AND CLAIM

Name: _____

Address: _____

CLAIMANT MUST COMPLETE:

Total Miles Traveled: _____

Less Commuting Miles: _____

Reimbursable Miles Traveled: _____

Mileage Rate: \$.535

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:** _____