

Mileage Claim Form 2011-12

Marlboro Central School District

Vendor Name _____ Date _____

Home Address: _____ SS # _____

_____ School: _____

Detailed invoices must be attached to this claim form, and signed by appropriate building administrator. (IRS mileage reimbursement rate effective 7/1/11=.555)

NOTE: Claim forms will **only** be accepted for a **one week period**.

Date	Hours	Description/Destination (To/From)	Miles	One Way	Round Trip	Rate	Total

Vendor Must Sign Form. This is to certify that the materials and/or services charged have been actually performed, furnished, and/or delivered to the school district and the charges are true and just, and that no prior payment has been made for these services

Vendor Signature _____

Administrator/ Director _____

I hereby certify that this bill has been rendered in accordance with the contract, material, or accepted estimate and that the work has been completed and the materials delivered satisfactorily.

Purchasing Agent: _____ Date: _____