

	A	B	C	D	E	F
1	Marlboro Central School District					
2	2018-2019 MONTHLY MILEAGE CLAIM FORM					
3						
4	NAME(Print):			Checks will not be issued for total mileage claims less than \$15. Do not mix months on a claim form. Do not submit mileage claim packages that total less than \$15. Once total mileage claims exceed \$15 submit all mileage forms for which reimbursement is sought. <i>Submit MONTHLY</i>		
5						
6	Home Address:					
7						
8	Department/School: <u>Central Administration</u>					
9						
10						
11	Date	From	To	Purpose	Total Mileage	Tolls
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					TOTAL	
32						
33	Year end mileage claim forms are due no later than the Friday of the first full week of July. This is the only time claims for less than \$15 will be processed and have a check issued.			Reimbursement for _____ miles @ .58/mile		
34				Reimbursement for tolls (Receipts must be attached)		
35				Total Reimbursement Claimed		
36						
37	Budget Code: _____			Purchase order #: _____		
38						
39	Signature of Claimant: _____			Date: _____		
40						
41	Signature of Administrator: _____			Date: _____		
42						
43	Signature of Purchasing Agent: _____			1/2/2019		