

# Marlboro Central School District

## 2020 -2021 MONTHLY MILEAGE CLAIM FORM

NAME(Print): \_\_\_\_\_

Home Address: \_\_\_\_\_

Department/School: \_\_\_\_\_ Central Administration \_\_\_\_\_

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. *Submit MONTHLY*

Date	From	To	Purpose	Total Mileage	Tolls
<b>TOTAL</b>					

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 @ .56/mile  
 Reimbursement for tolls (Receipts must be attached)  
 Total Reimbursement Claimed

Budget Code: \_\_\_\_\_

Purchase order #: \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Purchasing Agent: \_\_\_\_\_