

**HADLEY~LUZERNE CENTRAL SCHOOL DISTRICT  
TRAVELING STAFF  
MILEAGE REIMBURSEMENT FORM**

Please fill out this form in order to be reimbursed for travel expenses between schools.  
The rate of reimbursement is .70 cents per mile effective 1/1/2025

**Vendor Name:**  
**Vendor #:**

**Month of**  
**Code:**

Day	Number of Trips	Miles	0.70	Daily Total	Comment
1			0.70	\$0.00	
2			0.70	\$0.00	
3			0.70	\$0.00	
4			0.70	\$0.00	
5			0.70	\$0.00	
6			0.70	\$0.00	
7			0.70	\$0.00	
8			0.70	\$0.00	
9			0.70	\$0.00	
10			0.70	\$0.00	
11			0.70	\$0.00	
12			0.70	\$0.00	
13			0.70	\$0.00	
14			0.70	\$0.00	
15			0.70	\$0.00	
16			0.70	\$0.00	
17			0.70	\$0.00	
18			0.70	\$0.00	
19			0.70	\$0.00	
20			0.70	\$0.00	
21			0.70	\$0.00	
22			0.70	\$0.00	
23			0.70	\$0.00	
24			0.70	\$0.00	
25			0.70	\$0.00	
26			0.70	\$0.00	
27			0.70	\$0.00	
28			0.70	\$0.00	
29			0.70	\$0.00	
30			0.70	\$0.00	
31			0.70	\$0.00	
	<b>Total Miles</b>		<b>Total</b>	<b>\$0.00</b>	

This is to certify that the charges in the above claim and included in the same amounting to \$0.00 have been actually performed for, furnished an  
That said claim is just, due, and unpaid and that there are no offsets against the same; that the items and specifications are correct; that the sum

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

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

Principal's Approval: \_\_\_\_\_

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

Purchasing Agent's Approval: \_\_\_\_\_

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