

**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 .655 cents per mile effective 1/1/2023

Vendor Name:
Vendor #:

Month of
Code:

| Day | Number of Trips | Miles | 0.655 | Daily Total | Comment |
|-----|--------------------|-------|--------------|---------------|---------|
| 1 | | | 0.655 | \$0.00 | |
| 2 | | | 0.655 | \$0.00 | |
| 3 | | | 0.655 | \$0.00 | |
| 4 | | | 0.655 | \$0.00 | |
| 5 | | | 0.655 | \$0.00 | |
| 6 | | | 0.655 | \$0.00 | |
| 7 | | | 0.655 | \$0.00 | |
| 8 | | | 0.655 | \$0.00 | |
| 9 | | | 0.655 | \$0.00 | |
| 10 | | | 0.655 | \$0.00 | |
| 11 | | | 0.655 | \$0.00 | |
| 12 | | | 0.655 | \$0.00 | |
| 13 | | | 0.655 | \$0.00 | |
| 14 | | | 0.655 | \$0.00 | |
| 15 | | | 0.655 | \$0.00 | |
| 16 | | | 0.655 | \$0.00 | |
| 17 | | | 0.655 | \$0.00 | |
| 18 | | | 0.655 | \$0.00 | |
| 19 | | | 0.655 | \$0.00 | |
| 20 | | | 0.655 | \$0.00 | |
| 21 | | | 0.655 | \$0.00 | |
| 22 | | | 0.655 | \$0.00 | |
| 23 | | | 0.655 | \$0.00 | |
| 24 | | | 0.655 | \$0.00 | |
| 25 | | | 0.655 | \$0.00 | |
| 26 | | | 0.655 | \$0.00 | |
| 27 | | | 0.655 | \$0.00 | |
| 28 | | | 0.655 | \$0.00 | |
| 29 | | | 0.655 | \$0.00 | |
| 30 | | | 0.655 | \$0.00 | |
| 31 | | | 0.655 | \$0.00 | |
| | Total Miles | | Total | \$0.00 | |

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 &

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 su

Signature of Claimant: _____

Date: _____

Principal's Approval: _____

Date: _____

Purchasing Agent's Approval: _____

Date: _____