

CLAIM #: \_\_\_\_\_  
VENDOR #: \_\_\_\_\_

**AVERILL PARK CENTRAL SCHOOL DISTRICT  
MILEAGE REPORT FOR REIMBURSEMENT**

NAME: \_\_\_\_\_ FOR MONTH OF: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE	FROM	TO	PURPOSE	MILEAGE*

\*Reimbursement rate eff. 1/1/2024 is 67¢

**Reimbursement:** \_\_\_\_\_ **Total miles** \_\_\_\_\_

Mileage is allowed from first point of duty and to other points in school district under his/her jurisdiction, but not to or from his/her place of residence

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Budget Code: \_\_\_\_\_ Supervisor's Approval \_\_\_\_\_

Please submit to Business Office promptly at the end of each month.