CLAIM #: _____
VENDOR #: _____

AVERILL PARK CENTRAL SCHOOL DISTRICT
MILEAGE REPORT FOR REIMBURSEMENT

NAME: _____ FOR MONTH OF: _____
_____
_____

DATE	FROM	TO	PURPOSE	MILEAGE*

*Reimbursement rate eff. 1/1/2026 is .72.5¢

Total miles _____

Reimbursement: _____

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 <u>each</u> <u>month</u>.