SALMON RIVER CENTRAL SCHOOL DISTRICT

MILEAGE CLAIM FORM

CLAIMANT: _____

ADDRESS: _____

_____

PURPOSE OF TRAVEL: _____

DATE	STARTING POINT	DESTINATION	RETURN TO	MILES
			TOTAL MILEAGE	

I HEREBY CERTIFY THAT THE MILEAGE CLAIMED HAS BEEN INCURRED IN THE PERFORMANCE OF MY ASSIGNED DUITES AND IS TRUE AND CORRECT; AND THAT THE TOTAL CLAIMED IS ACTUALLY DUE AND OWING.

DATE:

_____ EMPLOYEE _____

_____ ADMINISTRATOR _____

_____ BUSINESS MANAGER _____

*** ADMINISTRATOR PLEASE CODE MILEAGE - BELOW ****

FOR OFFICE USE ONLY

I CERTIFY THAT THIS VOUCHER HAS BEEN AUDITED AND ALLOWED FOR PAYMENT IN THE AMOUT OF $_____. YOU ARE HEREBY AUTHORIZED TO PAY CLAIMANT FROM THE PROPER FUND AND APPROPRIATION ACCOUNT(S) LISTED BELOW.

DATE: AUDITOR'S SIGNATURE _____

CODES	AMOUNT