

**CORNWALL CENTRAL SCHOOL DISTRICT
MILEAGE REIMBURSEMENT FORM**

NAME: _____ TITLE: _____ SCHOOL/DEPT: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____ OFFICE EXT #: _____

Mileage is calculated from home or work whichever is shorter. Please attach mileage calculations from Google Maps or Mapquest with your signed form.

Receipts are required for toll reimbursements .

DATE	FROM	TO	ROUND TRIP	TOTAL MILES	PURPOSE	REIMB AMOUNT
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
GRAND TOTAL				0.0		\$ -

Employee Signature: _____

Budget Code: _____

Supervisor Signature: _____

Assistant Superintendent for Business: _____

Rate on or After 01/01/24 0.670