

Wayne

Township Public Schools

MILEAGE CLAIM VOUCHER

Date: _____ Vendor # _____ P.O.# _____

Employee: _____

Address: _____

In District Mileage								
Date	Day of Week	Code*	Miles/Dest.		Date	Day of Week	Code*	Miles/Dest.

*Use attached grid to calculate miles (ie: WH to SC should read 15K and 1.9 in mileage)

Out of District Mileage			
Date	Day of Week	Miles	Place Traveled / Reason

_____ Total Miles @ .47¢ / mile = \$ _____

Principal / Administrator	Business Administrator	Superintendent

Account Code # _____	Amount \$ _____	
Account Code # _____	Amount \$ _____	

Claimant Certification and Declaration:
 This Mileage Claim form represents an expense incurred during the course of my employment for which I am entitled to be reimbursed.

_____ Employee Signature
 _____ Official Position
 _____ Date