

MILEAGE REIMBURSEMENT  
CLAIM  
Unified School District No. 417

<b>Name:</b>				
<b>USD 417 Morris County Schools</b>				
<b>Claim for reimbursement for mileage traveled on official school activities in a privately owned vehicle. PLEASE COMPLETE CLAIM MONTHLY &amp; SUBMIT TO BUILDING PRINCIPAL. DUE AT DISTRICT OFFICE BY THE 10th OF EACH MONTH.</b>				
Date MM/DD/YY	Destination	Purpose	# Miles Traveled	Cost
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
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				\$0.000
				\$0.000
		<b>Total Miles</b>	<b>0</b>	
\$0.670	per mile	<b>Payment Due</b>		<b>\$0.00</b>
I certify the above claim is true and correct, and the indicated mileage is due for payment.				
	Claimant's Signature			
	Admin/Supervisor's Signature			