

MILEAGE REIMBURSEMENT
CLAIM
Unified School District No. 417

Name:				
USD 417 Morris County Schools				
Claim for reimbursement for mileage traveled on official school activities in a privately owned vehicle. PLEASE COMPLETE CLAIM MONTHLY & SUBMIT TO BUILDING PRINCIPAL. DUE AT DISTRICT OFFICE BY THE 10th OF EACH MONTH.				
Date MM/DD/YY	Destination	Purpose	# Miles Traveled	Cost
				\$0.000
				\$0.000
				\$0.000
				\$0.000
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				\$0.000
		Total Miles	0	
	\$0.655 per mile	Payment Due		\$0.00
I certify the above claim is true and correct, and the indicated mileage is due for payment.				
			Claimant's Signature	
			Admin/Supervisor's Signature	