Cortland Enlarged City School District

MILEAGE & TRAVEL EXPENSE CLAIM FORM (1/1/2025 - 12/31/2025)

Employee Na	ıme:	Building:				
		(Must be turned i	n monthly)			
		(.	DETAILED OF	TS REQUIRED	
Date	Purpose of Travel	Destination	Miles	Tolls*	Meals*	Misc*
	1	Totals		\$	\$	\$
		101010		1 *	Ψ	~
			Mileage @ .70 (cents) per mile**			\$
			Tolls			\$
			Meals			\$
			Miscellaneous TOTAL REIMBURSEMENT:			\$
			10	TAL REIMB	UKSEMENI:	\$
Claimant's Sig	gnature:			Date		
	he above claim is accurat			I in the perform	ance of assign	ed job duties
and that they	comply with Cortland Enl	arged City School District	Policy			
Supervisor's	Signature:			Date:		
	hat the expenses claimed					
Budget Code:	·					
Business Official:				Date:		

^{*} Must be accompanied by original receipts (No reimbursement for taxes)

^{**}Mileage is based on annual IRS established business rate