JAMESVILLE-DEWITT CENTRAL SCHOOL DISTRICT
CLAIM FOR MILEAGE

Name: _____ Vendor #: _____

Address: _____ Account Code: _____

_____ Date: _____

Signature: _____

I certify that this is an accurate record of miles traveled by me in performance of my contract:

DATE	PLACE	PURPOSE	MILES
		Total Miles	
		Total Miles x 58¢ / mile	

APPROVED: _____ _____
Supervisor Business Official

Rev. 01/03/19