

**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
			<b>Total Miles</b>
			<b>Total Miles x 56¢ / mile</b>

APPROVED: \_\_\_\_\_  
Supervisor

\_\_\_\_\_   
Business Official