

**Mechanicville City School District  
25 Kniskern Avenue  
Mechanicville , NY 12118**

**REQUEST FOR MILEAGE REIMBURSEMENT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

YEAR REQUESTING: \_\_\_\_\_

**SELECT ONE:**

QTR 1 JULY 1 TO SEPTEMBER 30

QTR 2 OCTOBER 1 TO DECEMBER 31

QTR 3 JANUARY 1 TO MARCH 31

QTR 4 APRIL 1 TO JUNE 30

<u>DATE</u>	<u>TO</u>	<u>FROM</u>	<u>PURPOSE</u>	<u>MILES</u>	<u>RATE</u>	<u>REQUESTED AMT</u>

**TOTAL:** \_\_\_\_\_  
Amount must be totaled or request will be returned.

All mileage must be done quarterly and submitted contemporaneous with the current quarter. All Claims must be submitted no later than 15th of the month following the quarter.

**CODE DISTRIBUTION**

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

X \_\_\_\_\_  
Purchasing Agent

X \_\_\_\_\_  
Claimant Signature

X \_\_\_\_\_  
Accounts Payable

X \_\_\_\_\_  
Internal Auditor