

# Minisink Valley Central School District

PO Box 217, Slate Hill, NY 10973  
 Telephone (845)355-5121 / Fax (845)355-5123

## MILEAGE CLAIM FORM

### TO BE COMPLETED BY EMPLOYEE

|                     |  |              |              |
|---------------------|--|--------------|--------------|
| Name of EMPLOYEE    |  | Delivered To | <b>MVCSD</b> |
| Address of EMPLOYEE |  | Date         |              |

**Fill out the table. Add more rows if you need them.**

| Date         | Event/Workshop Title | Location Address<br>Attach Google Maps if | Mileage | Rate | Reimb Amount |
|--------------|----------------------|---|---------|------|--------------|
|              |                      |   |         |      |              |
|              |                      |   |         |      |              |
|              |                      |   |         |      |              |
|              |                      |   |         |      |              |
|              |                      |   |         |      |              |
| <b>TOTAL</b> |                      |   |         |      |              |

### Total Amount Claimed

The Minisink Valley CSD issues Form 1099 to claimants/vendors receiving payments of \$600 or more annually. Claimants/vendors are advised to maintain a record, as all income is subject to federal and state income taxes.

This is to certify that the work, labor, services, materials and supplies charged in the above have been actually performed for, furnished and/or delivered to the Minisink Valley Central School District Slate Hill, NY; that said claim is just, due and unpaid and there are no offsets against the same; that the items and specifications therein are correct at that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred in this claim.

|  |                                       |                      |
|--|---------------------------------------|----------------------|
| _____<br><b>Signature of Employee</b>                |                                       | _____<br><b>Date</b> |
| _____<br><b>Signature of Principal or Supervisor</b> | _____<br><b>Budget Account Number</b> | _____<br><b>Date</b> |

I hereby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate and that the work has been completed and the materials delivered satisfactorily. **NOTE: ALL AREAS MUST BE COMPLETED BEFORE AUTHORIZATION OF PAYMENT CAN BE ISSUED.**

**PAYMENT AUTHORIZATION:**

|  |                      |
|--|----------------------|
| _____<br><b>Assistant Superintendent of Business</b> | _____<br><b>Date</b> |
|--|----------------------|