BALDWINSVILLE CENTRAL SCHOOL DISTRICT Baldwinsville, New York 13027 (315) 638-6055 2022 Mileage Claim Form

Vendor Number

Claimant Name: Please Print Department

Mileage for Month		PO	
Date	Description	Reason	Allowable miles
I hereby certify	that this bill was rendered in accordance with the	ne contract agreement, or accepted estimate,	
and that the work has been completed and/or materials were delivered satisfactorily.			
	Signature of Claimant	Total Claim	
I certify	that the expenses claimed above c	omply with Baldwinsville Central School District Po	licy.
Principal/Supervisor signature:		Date	
Business Office:		 Date	

^{*}Must be accompanied by verification of map mileage if travel is not between district buildings