RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL

MILEAGE CLAIM FORM

NAME _____

DATE	BETWEEN WHAT POINTS FROM	TO	MILES TRAVELED

TOTAL MILES _____

This is to certify that said claim is just, due and unpaid and that there are no offsets against the same; that the items are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

_____ Signature of Claimant

_____ Date

_____ Administrator's Signature

_____ Date