

**Pawling Central School District  
Mileage Claim / Expense Form  
2017-2018**

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

BUILDING: \_\_\_\_\_

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

**Instructions:**

Regarding Mileage expenses, if a Purchase Order was not generated *prior* to this expense, the money was not encumbered and the reimbursement will **NOT** be forthcoming. Attach all receipts for non-mileage expenses (ie: tolls, meals, parking). Allowable items are actual and necessary expenditures. Sign the receiving copy of the Purchase Order and return with this Claim/Expense Form within two weeks of actual date of service. Failure to comply with the appropriate paperwork in the appropriate time frame will result in forfeiture of reimbursement.

Date	Reason for Claim / Purpose	Meals **	Cost

**\*\* Note: Itemized original receipts are required for meal reimbursement, credit card receipts will not be accepted. For guest meals, attach the "Meeting/Guest Expense Form".**

Expenses Claimed above: \_\_\_\_\_ \$0.00  
*(Insert mileage, if incurred, from back of form)* Mileage Expenses \_\_\_\_\_  
**Total** \_\_\_\_\_ \$0.00

**Claimant must sign this certificate:** This is to certify that the materials and/or services charged and included in the above claim, have been actually performed for, furnished and/or delivered to the above-named BOARD OF EDUCATION; that the charges, therefore, are true and just and that no payments have been made therefore except as included therein. This color-coded document is **not** to be replicated.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Administrator/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
PO#

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent for Finance

\_\_\_\_\_  
Date

