

CANYON-OWYHEE SCHOOL SERVICE AGENCY

307.2

Mileage Claim Form

Date	Destination, From-To	Reason For Travel	# Miles
		Front Page Total	
		+ Back page Total	
		TOTAL	
		X \$.45	

I, the undersigned, declare that the above travel was performed solely in the fulfillment of the responsibilities on behalf of Canyon-Owyhee School Service Agency and that no part of the same has been previously claimed or paid.

Date Submitted: _____

_____ Claimant's Signature

Account #: _____

_____ Supervisor's Signature

Unless otherwise approved, travel must originate at the employee's regular place of work or the agency central office and terminate at the last contracted site. Claims must be submitted by the 1st of the month to be included in the payment schedule of that month. Claims are to be kept current (submitted monthly), and the Board of Trustees reserves the right to disallow claims which are not submitted properly. Reimbursement is paid at the rate of \$.45 per mile.

****Sample Mileage Chart****

	COSSA	Homedale	Marsing	Notus	Parma	Wilder
COSSA	XX	7	18	8	8	1
Homedale	7	XX	11	15	17	6
Marsing	18	11	XX	19	26	17
Notus	8	15	19	XX	9	9
Parma	8	17	26	9	XX	9
Wilder	1	6	17	9	9	XX

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Back page total			

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Notus	8	15	19	XX	9	9
Parma	8	17	26	9	XX	9
Wilder	1	6	17	9	9	XX