CANYON-OWYHEE SCHOOL SERVICE AGENCY

Mileage Claim Form

Date	Destination, From-To	Reason For Travel		
		Front Page Total		
		+ Back page Total		
		TOTAL		
		X \$.65		

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. <u>Claims must be submitted by the 1st of the month to be included in the payment schedule of that month.</u> **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	ХХ	9
Wilder	1	6	17	9	9	XX

307.2

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		Dack page total	
		Back page total	

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