Carmel Central School District
81 South Street, P.O. Box 296
Patterson, NY 12563
Tel. (845) 878-2094

2024 Mileage Reimbursement Form

Name: _____ **PO Number:** _____

Position: _____ **School:** _____

Mileage claim for Month of _____ **Department:** _____

**Please attach Mapquest printout detailing departure point, destination, and distance traveled for out of district travel only.

DATE	Purpose of Travel	FROM	TO	MILEAGE
	TOTALS MILEAGE			
	RATE			0.670
	AMOUNT CLAIMED			

Employee's Signature _____

Supervisor's Signature _____