MT. PLEASANT CENTRAL SCHOOL DISTRICT
THORNWOOD, NY 10594

ADMINISTRATORS CLAIM FORM

_____ _____
Name (please print) Social Security Number (last four #'s)

_____ _____
Street City/State/Zip

This claim form may be used for reimbursement of pre-approved school related expenses. Attach **ORIGINAL, DETAILED** receipts. Mileage will be calculated from Mt. Pleasant CSD and is reimbursed at a rate of 62.5 cents per mile. Please include Map Quest for mileage reimbursement.

DESCRIPTION & DATE	BUDGET CODE	AMOUNT

_____ **Date:** _____ **Total Due:** _____
Signature

_____
Purchasing Agent

_____
Superintendent

(Color: Goldenrod)