

SCOTCH PLAINS-FANWOOD
BOARD OF EDUCATION
MILEAGE EXPENSE FORM

NAME _____ TITLE _____ PO# _____

ADDRESS _____

I submit this itemized expense form for mileage reimbursement incurred in the performance of my work.

DATE	FROM	TO	MILEAGE	TOLLS/OTHER

Claimant's Certification and Declaration

I do solemnly declare and certify under the penalties of the law in all its particulars that the bill is correct for services rendered as stated and no bonus has been given or received with the knowledge of this claimant, therein stated the amount is justly due and owing, and the amount is a reasonable one.

Mileage rate is .31 cents per mile, (per State of NJ Circular No. 01-02-OMB)

_____ + _____
TOTAL MILEAGE TOTAL/OTHER

Signature of Claimant

Date

Approved by Administrator/Supervisor

Date

TOTAL CLAIM \$ _____