NEW LEBANON
CENTRAL SCHOOL DISTRICT

2024-25 MILEAGE CLAIM FORM

Name:	
Address:	

- **The rate of reimbursement is .70 cents per mile**
- **Attach map/directions for all claims Must remove your normal commute miles**

DATE	DESTINATION	PURPOSE	MILEAGE

This claim form should be submitted to the Principal/Supervisor for approval. Once approved, form should be forwarded to the District Office. (The Superintendent must approve mileage claim for conferences.)

Total Mileage: __ x $.70 = $_____

Claimant Signature: _____

Position: _____

Supervisor/Principal Approval Signature: _____

Superintendent/Business Administrator Signature: _____

Updated 1/15