Cohoes City School District
Business Office

Mileage Log and Reimbursement Form

Employee Name:_____ **Date:**_____

Account Code:_____ **Rate Per Mile:**_____

Date of Trip	Starting Location (School)	Destination	Purpose	Total Mileage	Total Reimbursement

*** PLEASE ATTACH PROOF OF MILEAGE (ie MAPQUEST) FOR EACH TRIP ***

STANDARD MILEAGE TO BE USED IN-BETWEEN BUILDINGS:

CHS TO CMS ~ .65 MILES	CMS TO ALS ~ .33 MILES	ALS TO VSGS ~ 1.80 MILES
CHS TO ALS ~ .94 MILES	CMS TO VSGS ~ 1.81 MILES	ALS TO PAGE ~ 1.26 MILES
CHS TO VSGS ~ 2.42 MILES	CMS TO PAGE ~ 1.26 MILES	PAGE TO VSGS ~ .57 MILES
CHS TO PAGE ~ 1.88 MILES		

_____ _____
Employee Signature *Date*

_____ _____
Supervisor's Signature *Date*

_____ _____
Purchasing Agent Signature *Date*

CHECK NUMBER_____ DATE_____