BUSINESS OFFICE
CLARENCE CENTRAL SCHOOL DISTRICT
9625 MAIN STREET, CLARENCE, NY 14031-2083

MILEAGE VOUCHER FOR PERSONAL VEHICLE

To Be Completed by Accounts Payable

Purchase Order #: _____

NAME _____
(PLEASE TYPE OR PRINT)

POSITION/TITLE _____

Vendor #: _____

BUILDING ASSIGNMENT _____

DATE	FROM	TO	PURPOSE	MILEAGE
			Total Mileage Page 1	
			Total Mileage Page 2	
			Grand Total Mileage	
			Rate per Mile	
			TOTAL:	

I certify that the mileage claimed above is accurate and was incurred for authorized official school business and in accordance with Clarence Board of Education Policies.

_____ _____ _____
Signature of Claimant Title Date

The above voucher has been submitted in accordance with authorization previously granted.

_____ _____
Approved by (Signature) Date

_____ _____
Business Manager Date AUDIT

BUDGET CODE:

DATE	FROM	TO	PURPOSE	MILEAGE

TOTAL THIS PAGE