SPENCERPORT CENTRAL SCHOOL
Spencerport, New York
Mileage Reimbursement Request

NAME _____ HOME SCHOOL: _____

ADDRESS _____

_____

Rate on or After	**01/01/22**	**0.585**
Rate on or After	**01/01/23**	**0.655**

Date	From	To	To	Total Miles
		SUB TOTAL MILES		
		2022 Rate X Miles		
		2023 Rate X Miles		
		TOTAL REIMBURSEMENT		

BUDGET CODE: _____ DATE: _____

SUPERVISOR APPROVAL: _____ SIGNATURE: _____