

**MILEAGE LOG FORM**

**MILEAGE**

*(This form must be attached to an Accounts Payable Claim Form to be reimbused.)*

**UNION SPRINGS CENTRAL SCHOOL DISTRICT  
239 Cayuga St., Union Springs, NY 13160, (315) 889-4101**

Full Name \_\_\_\_\_  
Email \_\_\_\_\_  
Position \_\_\_\_\_

Work Site \_\_\_\_\_  
Telephone \_\_\_\_\_  
Budget Code \_\_\_\_\_

Date	Leaving From <sup>1</sup>	Going To <sup>1</sup>	Reason	One Way Miles <sup>2</sup>	# Ways	Total Miles	IRS Rate <sup>3</sup>	Tolls and Parking <sup>4</sup>	Total Cost
							0.540		

1 Indicate school name or denote street, city and state (e.g., 123 First St, Albany, NY).  
2 Print or type Map Quest mileage from your work address. District specified mileage may apply for frequent destinations.  
3 Print or type IRS mileage rate on the date indicated.  
4 Attach original receipt(s). An E-Z pass statement with cost highlighted is acceptable for tolls.