# 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 |
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*** 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*

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CHECK NUMBER_____ DATE_____