

**Cortland Enlarged City School District**

**MILEAGE & TRAVEL EXPENSE CLAIM FORM (1/1/2026 - 12/31/2026)**

Employee Name: \_\_\_\_\_

Building: \_\_\_\_\_

(Print Name)

(Must be turned in monthly)

Date	Purpose of Travel	Destination	Miles	DETAILED ORIGINAL RECEIPTS REQUIRED		
				Tolls*	Meals*	Misc*
<b>Totals</b>				\$	\$	\$

Mileage @ <b>.725</b> (cents) per mile**	\$
Tolls	\$
Meals	\$
Miscellaneous	\$
<b>TOTAL REIMBURSEMENT:</b>	

**Claimant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that the above claim is accurate and that these charges were incurred in the performance of assigned job duties and that they comply with Cortland Enlarged City School District Policy

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I also certify that the expenses claimed above comply with Cortland Enlarged City School District Policy

**Budget Code:** \_\_\_\_\_

**Business Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Must be accompanied by original receipts (No reimbursement for taxes)

\*\*Mileage is based on annual IRS established business rate