

ALBANY SENIOR HIGH SCHOOL

Mileage Claim Form

Name

Date

Travel From

Travel to

Reason

Date

Km's

TOTAL Km's

Rate per kilometre
TOTAL TO BE PAID

(either \$0.58 or \$0.62)

I confirm that the above travel was incurred while on school business.

Signed

Person requesting reimbursement

Confirmed

Budget Manager

OFFICE USE ONLY

Date Paid

Direct Credit Schedule #