

**Highland Falls-Fort Montgomery Central School District**  
**Highland Falls, New York**  
**Mileage Reimbursement Request Form - Purchase Order Required**

\_\_\_\_\_  
Purchase Order Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Mileage Chart:

FMES to HFIS	3.1
HFIS to JIOHS	1.7
FMES to JIOHS	1.8
Highland Falls to BOCES (Goshen)	54.0 (round trip)
Highland Falls to BOCES (New Paltz)	72.0 (round trip)
Highland Falls to BOCES (Put/NoWest)	41.0 (round trip)

Please make sure your claim form is signed by your building principal, in **blue ink**, before submitting your claim into the District Office. Mileage claims must be completed in blue ink and submitted to the Business Office **at the end of each month.**

Mileage claims for Out-of-District travel (i.e., for destinations other than those pre-printed on this form) must be accompanied by: (1) a travel mapping program printout to document the miles driven, and (2) a copy of your approved My Learning Plan. Each mileage claim must include the start point and destination, as well as the purpose for the travel.

Date	Start Point to Destination, Travel Purpose	Mileage
<b>Total Miles:</b>		

I hereby certify that the above mileages are just, true, and correct; that no part thereof has been reimbursed; and that the total claimed is actually due and owing.

\_\_\_\_\_  
Principals Signature

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Assistant Superintendent for Business Signature