



# SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS

## MILEAGE EXPENSE FORM

PO Number: \_\_\_\_\_

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

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mileage allowance in lieu of actual expenses of transportation is allowed for an employee traveling by personal automobile on official business at the rate authorized by the State Appropriations Act. **State of NJ Circular No. 23-02-OMB**

A blanket PO should be created at the beginning of each school year for all staff who are eligible for Mileage Reimbursement.

In compliance with **NJSA 18A:18A-10.1**, reimbursements must be requested within close proximity to the incurrence of an expense. Preferably within the same month and required within 90 days. Failure to do so may result in delayed or no payment.

To determine their mileage, employees should calculate the difference between their usual place of business, and the alternate location to which they traveled. They should not use their home address for this calculation.

Date	From	To	Mileage	Reason for Travel

Total Mileage: \_\_\_\_\_ x \$.47 per mile \_\_\_\_\_ +Total / Other \_\_\_\_\_

**Total Reimbursement Request:** \_\_\_\_\_

**Employee Certification:** I certify that the above expenses are correct in all respects; that the distances as charged have been actually and necessarily traveled by me on the dates therein specified; that the amount as charged has been actually paid for by me for traveling expenses; that no part of the account has been paid by the State, but the full amount is due. I also certify that on the date(s) when the above items of expense were incurred the vehicle I was using on State business was covered by liability insurance.

Signature of claimant: \_\_\_\_\_

Date: \_\_\_\_\_

Administrator / Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_