OSWEGO COUNTY OPPORTUNITIES, INC.
MILEAGE REIMBURSEMENT CLAIM

ACCOUNTING USE ONLY

VR# _____

DIRECTOR'S APPROVAL _____ **DATE** _____

NAME: _____ **EMPLOYEE #** _____

ELEMENT	TR#	AMOUNT
-	-	$ -

_____ I am aware that this mileage claim has been submitted late and I authorize payment.

I hereby affirm the information that I am submitting is a true and accurate record of mileage, parking and tolls related to my scheduled work duties.

Employee Signature: _____ **Date:** _____

Supervisor's Review _____ **Date:** _____
(initial)

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DUE DATE: _____

Page _____ of _____

DATE	ADDRESS - FROM	ADDRESS - TO	REASON FOR TRIP	STARTING ODOMETER READING (NO TENTHS)	ENDING ODOMETER READING (NO TENTHS)	TOTAL MILES	Adjustment	PAYABLE MILES
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-

******If you have any quesitons, please call the Payroll Office at 598-4717******

LIST OF PARKING AND TOLLS (ATTACHED)	
TOTAL	$ -

TOTAL PAYABLE MILES	-
RATE PER MILE	$ 0.40
MILEAGE TOTAL	$ -
MISC. (PARKING & TOLLS) SEE BOX AT LEFT	$ -
TOTAL AMOUNT DUE	$ -

ACCOUNTING USE ONLY

Entered By: _____

Director of Finance Approval

ACCOUNTING USE ONLY
Place check label here

Check Number: _____

Date of Payment