



STLS

Southern Tier Library System

Connecting Community Libraries

2017 Mileage Claim Form

- A) Submit Claims Quarterly
March, June, September, & December
- B) Complete Travel Log on Reverse Side

Southern Tier Library System

9424 Scott Road
Painted Post, NY 14870
607-962-3141

To: _____
(Trustee Name)

Address: _____

Staff Use Only

STLS CODE	_____
Approved for payment Financial Clerk	_____
Auditor	_____
Ck. No.	_____
Mailed	_____

DATE	ITEM	UNIT PRICE	TOTAL
	Destination & Purpose	Number of miles	
		0.54 per mile	
TOTAL			

THIS CLAIM FORM MUST BE SIGNED AND RETURNED FOR PAYMENT

I CERTIFY THAT THE ABOVE ITEMS OR SERVICES HAVE BEEN DELIVERED OR RENDERED TO STLS,
THAT THE BILL IS JUST AND CORRECT, AND THAT PAYMENT FOR SAME HAS NOT BEEN RECEIVED

SIGNATURE

TITLE

DATE

Complete Travel Log on Reverse Side

Travel Log for STLS Board and Committee Meetings

*Must be completed for mileage reimbursement

	Date	To	From	Mileage	Purpose
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					