



# STLS

Southern Tier Library System

Connecting Community Libraries

## 2018 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	5422 - Admin
Approved for payment Financial Clerk	_____
Auditor	_____
Ck. No.	_____
Mailed	_____

DATE	ITEM	UNIT PRICE	TOTAL
	Destination & Purpose	Number of miles	
		0.545 per mile	
<b>TOTAL</b>			

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

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