Hamilton Secondary Unit

Mileage Claim Form

Name: _____ School: _____

Committee: _____
(Please use only one form per committee)

DATE	TRAVEL TO AND FROM	DISTANCE

TOTAL _____KMS.

Total Claim: Distance _____ X $0.41 = $ _____

Signature: _____

_____ _____
Verified by(President / Chairperson) Treasurer

----------Treasurers use ----------
account number _____
cheque number _____
date of cheque _____