

**SOUTH COLONIE CENTRAL SCHOOLS  
FINANCIAL SERVICES**

**TO:** ALL ADMINISTRATORS AND SUPPORT SUPERVISORS  
**FROM:** Anjelieeque Martinez, Business Office Manager/District Treasurer  
**RE:** Mileage Rate for Calendar Year 2017  
**DATE:** December 23, 2016

The IRS mileage reimbursement rate for the calendar year 2017 will be 53.5 cents per mile as set forth by the IRS. The current .54 cents per mile reimbursement rate will remain in effect through December 31, 2016.

Reimbursable mileage includes any actual and necessary travel expenses to conferences, inter-building travel, and use of a vehicle in the performance of a school district function. Costs incurred in commuting from home to the usual place of work are private expenses and are not reimbursable.

Any travel that is not on the approved distances chart, located on the bottom of the 2017 Mileage Claim Form, will require a computerized printout showing the distance traveled from the starting location to the ending location. Please use MapQuest to obtain this information. Please complete one Mileage Claim Form for each month in which you are claiming reimbursement. The Mileage Claim Form should be submitted on **green paper**. Please make sure to submit **one original** and **one copy** both on **green paper**.

Parking fees and tolls are reimbursable provided receipts accompany the claim. These will need to be put on the old green claim form.

Due to the recommendation from our auditors, we are implementing the following timeline.

<b><u>Mileage Incurred from:</u></b>	<b><u>Date to be received by the Business Office:</u></b>
January 1, 2017 – March 31, 2017	April 15, 2017
April 1, 2017 - June 30, 2017	July 5, 2017
July 1, 2017 - September 30, 2017	October 15, 2017
October 1, 2017 - December 31, 2017	January 15, 2017

Kindly share this information with your office staff.

/bl

Copy: Accounts Payable - K. Wilson/K. Wright

Fld: end of yr memos

**2017 Mileage Claim Form**

**South Colonie Central Schools**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

Date: \_\_\_\_\_ Vendor No: \_\_\_\_\_ Account Code: \_\_\_\_\_

<b>DATE</b>	<b>PURPOSE: Provide exact destination</b>	<b>MILES</b>
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\_\_\_\_\_ miles @ 53.5 cents per mile = \$ \_\_\_\_\_

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**APPROVED DISTANCES:**

<b>BUILDING</b>	<b>BG/CALC</b>	<b>FP</b>	<b>LK</b>	<b>RV</b>	<b>SW / DO</b>	<b>SC</b>	<b>SR</b>	<b>VR</b>
Colonie High	2.2	2.0	4.8	.8	3.7	1.0	2.7	5.2
Bus Garage/CALC		1.0	3.0	1.9	1.9	3.2	4.9	3.4
Forest Park			3.7	1.7	2.6	3.1	4.7	4.1
Lisha Kill				4.5	2.7	5.2	6.1	1.4
Roesseville					3.4	1.5	4.1	4.9
Saddlewood / D.O.						4.7	5.7	3.0
Sand Creek							2.1	6.3
Shaker Road								7.4

Claim Form Reviewed By \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Purchasing Agent \_\_\_\_\_ Date \_\_\_\_\_