

# TOWN OF WEST SENECA

1250 UNION ROAD  
WEST SENECA, NEW YORK 14224

CHECK NUMBER

## CLAIM FOR MILEAGE VOUCHER FOR USE WITH PRIVATELY OWNED VEHICLES

ACCOUNT DISTRIBUTION		VOUCHER NO.	
ACCOUNT CODE	AMOUNT		
	\$ .	PAYMENT DATE	
	. .	VENDOR NO.	
	. .	NAME & ADDRESS	
	. .		
	. .		
	\$ .		

### MILEAGE RECORD

Date	ORIGIN		DESTINATION		Purpose of Travel	Net Mileage
	Address	Odometer Reading	Address	Odometer Reading		
Total Mileage						
IRS standard mileage rate - Effective July 1, 2022 - .625 cents per mile					x .625	
Total Claim Amount \$						

CERTIFICATIONS and APPROVALS

EMPLOYEE	DEPARTMENT HEAD	Finance Department
I, _____ do hereby certify that the above travel has been completed for the stated purpose and is correct to the best of my knowledge; and that no part has been compensated, reimbursed or submitted for such to the Town of West Seneca.	In my opinion the travel stated in the above account has been performed, was necessary and is a proper charge against the Town of West Seneca.	This voucher has been reviewed and found in order for submission on the Town warrant.
X Employee Signature                      Date	Signature                                      Date	Signature                                      Date