Appendix W

UNION COUNTY EDUCATIONAL SERVICES COMMISSION
SCHOOL BUSINESS MILEAGE

NAME: _____ School/Program_____

DATE SUBMITTED: _____ Administrative Approval:_____

TRIP DATE	DESTINATION	REASON	TOTAL MILEAGE	TOLLS
		TOTALS		

CLAIMANT'S CERTIFICATION:

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus had been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

_____ _____

Signature and Title Social Security Number

Rev. 7/07