

OFFICE USE ONLY

NOTE: DO NOT Process Without
Initials of Purchasing Official.

- _____ ALT. ED.
- _____ SPECIAL ED.
- _____ CAREER & TECH
- _____ BUSINESS OFFICE
- _____ OTHER DEPT.
- _____ PURCHASING OFFICIAL

**HAMILTON-FULTON-MONTGOMERY
BOARD OF COOPERATIVE EDUCATIONAL SERVICES**
2755 State Highway 67
Johnstown, NY 12095
(518) 736-4310

BUDGET CODE (S):

CONFERENCE EXPENSE FORM

PLEASE ATTACH AGENDA OR DOCUMENTATION OF ATTENDANCE

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

WORK LOCATION/ADDRESS _____

DATE OF CONFERENCE: _____

LOCATION OF CONFERENCE _____

CONFERENCE NAME / DESCRIPTION: _____

PLEASE FILL IN THE FOLLOWING IF APPLICABLE
PLEASE PROVIDE ITEMIZED RECEIPTS FOR ALL EXPENSES INCURRED
NO REIMBURSEMENT FOR NEW YORK STATE SALES TAX

DATE	DESCRIPTION	TOTAL
	HOTEL EXPENSES	
	MEAL EXPENSES (Gratuity no more than 15% of eligible expenses)	
	MILEAGE: check applicable departure and return boxes: Departed from <input type="checkbox"/> HOME or <input type="checkbox"/> WORK (whichever is less) Returned to <input type="checkbox"/> HOME or <input type="checkbox"/> WORK (whichever is less) Attach documentation to substantiate mileage # OF MILES X \$0.555 PER MILE (EFFECTIVE 7/1/11)	
	TOLLS / PARKING	
	GRAND TOTAL	

This is to certify that the services and/or materials included in the above claim have been actually performed, furnished or delivered to the above named BOCES Board of Education and that the charges, therefore, are true and just and that no payments have been made, therefore, except as included herein. I do further swear under penalty of perjury that this is correct, and if false statements are made, I will have committed a crime.

DATE

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE