

Location Key:

- ABS Amsterdam Barkley
- ACAB Amsterdam Central Admin Bldg
- AHS Amsterdam High
- AMS Amsterdam Lynch Middle
- AMC Amsterdam Marie Curie
- AMMN Amsterdam McNulty
- ATS Amsterdam Tecler
- BPP Broadalbin-Perth Primary
- BPH Broadalbin-Perth High
- BPI Broadalbin-Perth Intermediate

- BPM Broadalbin-Perth Middle
- CEH Canajoharie Elementary
- CHS Canajoharie High
- CMS Canajoharie Middle
- EDIN Edinburg Common School
- FFE Fonda-Fultonville Elementary
- FFH Fonda-Fultonville High
- FFM Fonda-Fultonville Middle
- FPE Fort Plain Elementary
- FPH Fort Plain High
- FMCC Fulton Montgomery Comm College
- BLVD Gloversville Boulevard Elementary
- GHS Gloversville High
- GKE Gloversville Kingsborough
- GMC Gloversville McNab
- GME Gloversville Meco Elementary
- GMS Gloversville Middle
- HFM HFM BOCES Main Building
- CEFU Corrections Ed. Fulton Academy
- CEMO Corrections Ed. Mont Academy
- JGS Johnstown Glebe St
- JHS Johnstown High
- JPLS Johnstown Pleasant Ave
- KNOX Johnstown Knox Junior High
- WARN Johnstown Warren St School
- LP Lake Pleasant Central
- MES Mayfield Elementary
- MHS Mayfield High
- NRTH Northville Central
- NTHE Northville Elementary
- PCS Piseco Elementary
- STD State Education Dept.
- STJE St Johnsville Elementary
- STJH St Johnsville High
- WE Wells Central
- WH Wheelerville School

OFFICE USE ONLY

NOTE: DO NOT Process without
initials of Purchasing Official

____ SPEC ED

____ BUSINESS OFFICE

____ CAREER & TECH ED

____ PURCHASING OFFICIAL

HAMILTON-FULTON-MONTGOMERY BOCES
2755 STATE HIGHWAY 67
Johnstown, NY 12095
MONTHLY MILEAGE FORM

%	Codes	\$

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$0.555 per mile

Effective 7/1/11

Use Location Key or Specific Address for Each Destination						
Date	From	To	Round Trip	Purpose	Documentation	Total Miles
			Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
			No <input type="checkbox"/>		None <input type="checkbox"/>	
			Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
			No <input type="checkbox"/>		None <input type="checkbox"/>	
			Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
			No <input type="checkbox"/>		None <input type="checkbox"/>	
			Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
			No <input type="checkbox"/>		None <input type="checkbox"/>	
			Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
			No <input type="checkbox"/>		None <input type="checkbox"/>	
			Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
			No <input type="checkbox"/>		None <input type="checkbox"/>	
			Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
			No <input type="checkbox"/>		None <input type="checkbox"/>	
			Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
			No <input type="checkbox"/>		None <input type="checkbox"/>	
			Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
			No <input type="checkbox"/>		None <input type="checkbox"/>	
Total Miles						
Rate Per Mile					\$0.555	Total Claim

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.

1. Multiple dates for the same exact mileage/destinations may be summarized and entered on the same line.
2. Claims must be submitted to the HFM Business Office promptly each month to secure timely reimbursement.

DATE: _____ Signature of Employee: _____

DATE: _____ Signature of Supervisor: _____

FOR BUSINESS OFFICE USE ONLY