

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
JAS	Johnstown Jansen Ave
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
OESJH	Op-Eph-St J High
OESJEM	Op-Eph-St J Elem/Middle/Admin
OESJED	Op-Eph-St J Elem David Robbins
PCS	Piseco Elementary
STD	State Education Dept.
WE	Wells Central
WH	Wheelerville School

OFFICE USE ONLY

NOTE: DO NOT Process without initials of Business Mgr

_____ ALT ED

_____ CAREER & TECH ED

_____ SPECIAL ED

_____ OTHER DEPT

_____ BUSINESS OFFICE

_____ BUSINESS MGR

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

%	Codes	\$
\$0.545	Per Mile Effective	1/1/2018

Use Location Key or Specific Address for Each Destination

	Date	From	To	Round Trip	Purpose	Documentation	Total
							Miles
CMS				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
EDIN				No <input type="checkbox"/>		None <input type="checkbox"/>	
FFE				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
FFH				No <input type="checkbox"/>		None <input type="checkbox"/>	
FFM				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
FPE				No <input type="checkbox"/>		None <input type="checkbox"/>	
FPH				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
FMCC				No <input type="checkbox"/>		None <input type="checkbox"/>	
BLVD				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
GHS				No <input type="checkbox"/>		None <input type="checkbox"/>	
GKE				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
GMC				No <input type="checkbox"/>		None <input type="checkbox"/>	
GME				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
GMS				No <input type="checkbox"/>		None <input type="checkbox"/>	
HFM				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
CEFU				No <input type="checkbox"/>		None <input type="checkbox"/>	
CEMO				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
JGS				No <input type="checkbox"/>		None <input type="checkbox"/>	
JHS				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
JAS				No <input type="checkbox"/>		None <input type="checkbox"/>	
JPLS				Yes <input type="checkbox"/>		Attached <input type="checkbox"/>	
KNOX				No <input type="checkbox"/>		None <input type="checkbox"/>	

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: _____ Employee Signature: _____

DATE: _____ Supervisor Signature: _____

DATE: _____ Administrator/Director Signature: _____

Total Miles:	-
Total Claim: (Rate Per Mile - \$0.545)	
FOR BUSINESS OFFICE USE ONLY	