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

Updated By Business Office 1-9-20 lae

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	$
$0.575	**Per Mile Effective**	**1/1/2020**

Use Location Key or Specific Address for Each Destination

Date	From	To	Round Trip	Purpose	Documentation	Total Miles
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	
			Yes ☐ No ☐		Attached ☐ None ☐	

Total Miles:	-
Total Claim: **(Rate Per Mile - $0.575)**	

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: _____ Adminstrator/Director Signature: _____

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