

OFFICE USE ONLY

NOTE: DO NOT Process Without Initials of Business Mgr

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

HAMILTON-FULTON-MONTGOMERY BOCES
2755 State Highway 67
Johnstown, NY 12095
(518) 736-4310

To be completed by Department		
%	Budget Code	\$

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 20% of eligible expenses, eff 8/31/16)	
	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 \$0.625 PER MILE (FOR 7/1/22-12/31/22)	
	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

DATE

DATE

DATE

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE (If applicable)

PROGRAM ADMINISTRATOR/DIRECTOR SIGNATURE

HFM BOCES Administrator-Executive Team
(Required for Out-of-State travel for all employees)