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, ST	ATE, ZIP:		
WORK LO	OCATION/ADDRESS		
DATE OF	CONFERENCE:		
LOCATIO	ON OF CONFERENCE		
CONFERI	ENCE NAME / DESCRIPTION:		
	PLEASE PROVIDE <u>ITEMIZED RI</u>	FOLLOWING IF APPLICABLE ECEIPTS FOR ALL EXPENSES IN IT FOR NEW YORK STATE SALE	
DATE	DESCRIPT	ΓΙΟΝ	TOTAL
	HOTEL EXPENSES		
	MEAL EXPENSES (Gratuity no more than 20% of e	ligible expenses, eff 8/31/16)	
	MILEAGE: check applicable depondent of the depondent of t	arture and return boxes: WORK (whichever is less) WORK (whichever is less)	
	# OF MILES X \$0.655 PER		
	TOLLS / PARKING		
	GRAND TOTAL		
to the above r made, therefo	ify that the services and/or materials included in the amed BOCES Board of Education and that the ore, except as included herein. I do further sweatill have committed a crime.	charges, therefore, are true and just an	d that no payments have been
DATE		EMPLOYEE SIGNATURE	
DATE		SUPERVISOR SIGNATURE (If applicable)	
DATE		PROGRAM ADMINISTRATOR/DIRECTOR SIGNATURE	
DATE		HFM BOCES Administrator-Executive Team (Required for Out-of-State travel for all employees)	