

**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                  |
| BPE    | Broadalbin-Perth Elementary       |
| BPH    | Broadalbin-Perth Jr/Sr High       |
| 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 Mecco 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

\_\_\_\_ PURCHASING OFFICIAL

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

| %              | Codes                     | \$              |
|----------------|---------------------------|-----------------|
|                |                           |                 |
|                |                           |                 |
|                |                           |                 |
|                |                           |                 |
|                |                           |                 |
| <b>\$0.655</b> | <b>Per Mile Effective</b> | <b>1/1/2023</b> |

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"/>     |             |
|      |      |    | Yes <input type="checkbox"/> |         | Attached <input type="checkbox"/> |             |
|      |      |    | 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.

- Multiple dates for the same exact mileage/destinations may be summarized and entered on the same line.
- 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: \_\_\_\_\_

|  |   |
|--|---|
| <b>Total Miles:</b>                              | - |
| <b>Total Claim:</b><br>(Rate Per Mile - \$0.655) |   |
| <b>FOR BUSINESS OFFICE USE ONLY</b>              |   |
|  |   |