

**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 |
|--------------------|---|-------|
|                    | <b>HOTEL EXPENSES</b>   |       |
|                    | <b>MEAL EXPENSES</b><br>(Gratuity no more than 20% of eligible expenses, eff 8/31/16)   |       |
|                    | <b>MILEAGE: check applicable departure and return boxes:</b><br>Departed from <input type="checkbox"/> HOME or <input type="checkbox"/> WORK (whichever is less)<br>Returned to <input type="checkbox"/> HOME or <input type="checkbox"/> WORK (whichever is less)<br>Attach documentation to substantiate mileage<br><br># OF MILES        X \$0.67 PER MILE (FOR 1/1/24-12/31/24) |       |
|                    | <b>TOLLS / PARKING</b>  |       |
| <b>GRAND TOTAL</b> |   |       |

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)