

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 | \$ |
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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 \$0.725 PER MILE (FOR 1/1/26-12/31/26) | |
| | 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)