

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 \$0.725 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)