

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

CONFERENCE EXPENSE FORM

PLEASE ATTACH AGENDA OR DOCUMENTATION OF ATTENDANCE

To be completed by Department

%	Budget Code	\$

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.

Expense claims must be submitted within ninety (90) calendar days after the expenses were incurred,
 or by the last working day of the fiscal year, which ever is earlier.

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 ☐ HOME or ☐ WORK (whichever is less) Returned to ☐ HOME or ☐ WORK (whichever is less) Attach documentation to substantiate mileage REVISED # OF MILES X \$0.76 PER MILE (FOR 7/1/26-12/31/26)	
	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

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)