

**DUTCHESS COUNTY
 BOARD OF COOPERATIVE EDUCATIONAL SERVICES
 5 BOCES Road
 Poughkeepsie, NY 12601
 TRAVEL/CONFERENCE EXPENSE CLAIM FORM**

Name: _____

Address: _____

Please note that this claim form should be submitted in a timely manner

DATE	PURPOSE/LOCATION	MEALS (see note below) Breakfast/Lunch/Dinner	MISCELLANEOUS

Note: Itemized Receipts are required for meal reimbursement.

Credit Card receipts will not be accepted.

For guest meals, attach the "Meeting/Guest Expense Form"

Meal allowance is \$50.00 per day

EXPENSES:

MILEAGE EXPENSES:
(Enter mileage reimburseme

GRAND TOTAL:

INSTRUCTIONS:

Attach receipts for all non-mileage expenses. Mileage record for use of personal car should be entered on other sic
 Total mileage cliam amount should be entered on the "MILEAGE EXPENSE" line. Allowable items are actual and n
 expenditures.

Signature of Claimant _____

DATE: _____

Approval _____

DATE: _____

Budget Code(s): _____

Business Office Use Only:

Vendor # _____ PO # _____

MILEAGE EXPENSE FORM

To be used for reporting use of your personal car for routine travel directly related to the performance of your regular supplementary report in connection with conference attendance or other travel outside the area. For further clarification, see BOCES Staff Handbook and Administrative Regulations.

TRIP #	DATE	PURPOSE	FROM	TO
1.			Location & Address	Location & Address
2.			Location & Address	Location & Address
3.			Location & Address	Location & Address
4.			Location & Address	Location & Address
5.			Location & Address	Location & Address
6.			Location & Address	Location & Address
7.			Location & Address	Location & Address
8.			Location & Address	Location & Address
9.			Location & Address	Location & Address
10.			Location & Address	Location & Address

TOTAL MILES:

(effective 01/01/2016) **MILEAGE RATE :**

AMOUNT CLAIMED:

We affirm that each of the above trips represents the shortest available distance and fewest miles for this trip.

(enter amount)

The exceptions are as follows:

Trip # Reason for exception _____

Trip# Reason for exception _____

Signature of Supervisor

Signature of Claimant

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