

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

Name: _____ Address: _____

Please note that claims for each month should be submitted within five (5) working days after the end of that month. Please break down the daily meal allowance by meal.

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"

**Total meal allowance is \$50.00 per day. Maximum per meal is:
Breakfast \$11.00 Lunch \$15.00 Dinner \$35.00**

EXPENSES: _____ -

MILEAGE EXPENSES: _____ -
(Enter mileage reimbursement from back)

GRAND TOTAL: _____ -

INSTRUCTIONS:

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

Signature of Claimant _____ DATE: _____

Approval _____ DATE: _____

Budget Code(s): _____

<p>Business Office Use Only: Vendor # _____ PO # _____</p>
--

MILEAGE EXPENSE FORM

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

TRIP #	DATE	PURPOSE	FROM	TO	MILES
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 01/01/2023) **MILEAGE RATE :** **0.655**

AMOUNT CLAIMED: _____ **-**

(enter amount on front of claim)

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

The exceptions are as follows:

Trip # Reason for exception _____

Trip# Reason for exception _____

Signature of Supervisor

Signature of Claimant