

Madison-Oneida BOCES
4937 Spring Road, P.O. Box 168
Verona, NY 13478

Mileage and Expense Voucher #4052 (01/01/20)

Staff Member: _____ Vendor # _____

Address : _____

Budget Code _____

MILEAGE EXPENSES (only)

| Date(s) | Start Location | Destination | End Location | # of miles | Purpose (Reason for Trip) |
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0 | Total Mileage @ \$0.575 \$ -

OTHER EXPENSES (tolls, meals, etc.) Itemized receipts must be attached. Pre-approved conference requests must be attached if applicable.

| Date | Description/Reason/Location (Names & Roles of Guests for Meal Reimbursement.) Be Specific | Total \$ |
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| | | |

Total Other \$ -

Grand Total (Mileage and other) \$ -

I certify that the above claim is accurate and that these charges were incurred in the performance of assigned job duties. If this request is for meal reimbursement, I certify that it does not include any costs for alcoholic beverages. I further certify any claims submitted herein are in conformance with the criteria established by policy #4033 and regulation #4033.1.

Employee Signature Date

Administrator Signature Date