RESET

CAYUGA-ONONDAGA BOCES
MILEAGE CLAIM FORM

NAME _____ VENDOR # _____
Please Print

ADDRESS _____ P.O. # _____

_____ _____
BUDGET CODE

_____ _____
DATE OF CLAIM

COMMUTE _____
DISTANCE FROM HOME TO BOCES (MILES)

DATE	FROM	TO	TOTAL MILES	PURPOSE / DESTINATON

I CERTIFY THAT THE ABOVE EXPENSES WERE ACTUALLY INCURRED IN THE FULFILLMENT OF MY DUTIES IN BOCES

TRAVELER_____ TOTAL MILES 0.00

DIRECTOR'S APPROVAL_____ RATE PER MILE **$ 0.545**

PURCHASING AGENT_____ TOTAL DUE $ 0.00

effective 1/1/2018