

CAYUGA-ONONDAGA BOCES MILEAGE CLAIM FORM

NAME _____ *Please Print* VENDOR # _____

ADDRESS _____ P.O. # _____

_____ BUDGET CODE _____

_____ DATE OF CLAIM _____

COMMUTE _____
DISTANCE FROM HOME TO BOCES (MILES)

DATE	FROM	TO	TOTAL MILES	PURPOSE / DESTINATION

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

TRAVELER _____ TOTAL MILES _____
 DIRECTOR'S APPROVAL _____ RATE PER MILE _____
 PURCHASING AGENT _____ TOTAL DUE _____

effective 1/1/2019