

# 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 \_\_\_\_\_