

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please work to submit claims within thirty (30) working days after the end of that month incurred to ensure timely processing. Please break down the daily meal allowance by meal.**

DATE	DESCRIPTION (PURPOSE & LOCATION)	MEALS (see note below)		MISCELLANEOUS (\$)
		Breakfast/Lunch/Dinner (\$)		
				-
				-
				-
				-
				-
				-
				-
				-

Note: **Itemized Receipts are not required for meal reimbursement.**  
**Visit <https://www.gsa.gov/travel> for unreceipted meal rates**  
 BOCES will only reimburse the approved meal rates per location  
**Unreceipted Reimbursement will not be made when conference includes meals.**

NON MILEAGE EXPENSES: \_\_\_\_\_ -  
 MILEAGE EXPENSES: \_\_\_\_\_ -  
 (Enter mileage reimbursement from back)  
 GRAND TOTAL: \_\_\_\_\_            -

**INSTRUCTIONS:**

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): \_\_\_\_\_  
 \_\_\_\_\_

Business Office Use Only: Vendor # _____ PO # _____
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## 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 (Location & Address)	TO (Location & Address)	MILES
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**TOTAL MILES:** \_\_\_\_\_ -

(effective 01/01/2026) **MILEAGE RATE :**         **0.725**

**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