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

Mileage and Expense Voucher #4052 (01/01/22)

Staff Member: _____ Vendor # _____

Address : _____

Budget Code _____

MILEAGE EXPENSES (only)

Date(s)	Start Location	Destination	End Location	# of miles	Purpose (Reason for Trip)

0	Total Mileage @ $0.585 : $ -

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 $

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