



Board Of Cooperative Educational Services
Sole Supervisory District
Franklin-Essex-Hamilton Counties

FOR OFFICE USE
- _____

REQUEST FOR APPROVAL OF CONFERENCE ATTENDANCE AND/OR TRAVEL

INSTRUCTIONS: Submit completed form to your Administrator/Supervisor at least (30) THIRTY DAYS prior to date of travel if possible. If a BOCES vehicle is required for this activity, please complete the Request for Use of BOCES Vehicle Form (O&M-5). IF A TRAVEL ADVANCE IS REQUESTED, PLEASE COMPLETE REVERSE SIDE OF THIS FORM.

OVERNIGHT AND/OR OUT-OF-STATE STUDENT TRAVEL MUST BE APPROVED BY THE BOCES BOARD OF EDUCATION WHICH MEETS ON THE THIRD THURSDAY OF EACH MONTH.

_____ Staff Conference or Meeting
_____ Local Student Field Trip: _____ Number of Staff (*Staff members cannot incur any expenses*)
_____ Overnight and/or Out-of-State Student Field Trip
_____ Substitute Needed (Specify Dates): _____

Name: _____ Destination: _____
Last First

Purpose of Trip/Conference/Meeting: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Name of Class: _____ Number of Students: _____

ITEMIZE ANTICIPATED EXPENDITURES BELOW

Lodging: Hotel Name _____ PO# _____ \$ _____
Meals (Itemized receipts will be required)..... \$ _____
Registration (Verification of registration fee is required): P.O. # _____ \$ _____
 Registered with vendor/conference provider **Not registered**
Reimbursable mileage (specify approx. mileage) _____ MILES @ \$.535/mile... \$ _____
Transportation (specify proposed contractor)..... \$ _____
Other – Specify (Receipts Required for Reimbursement) \$ _____
TOTAL ESTIMATED EXPENSES..... \$ _____

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Signature: _____ Date: _____

RECOMMENDED BY:
Signature: _____
Administrator/Supervisor
Date: _____
Code: _____

RECOMMENDED:
 APPROVAL DISAPPROVAL
Signature: _____
Deputy Superintendent/Director of Management & Finance
Review for Professional Development Hours for CTLE
 Yes No
Date: _____

AUTHORIZED DISAPPROVED

Signature: _____ Date: _____
District Superintendent

REQUEST FOR TRAVEL EXPENSE ADVANCE

INSTRUCTIONS:

Complete this form to request a travel expense advance. In accordance with Section 77-B of the General Municipal Law, a Travel Expense Advance may be made for authorized travel. An Expense Voucher must be completed and supported by appropriate documents such as the hotel bill, convention registration receipt, itemized meal receipts, etc. The payment will be reduced by the amount of the advance or, in the event the advance is more than the amount due, the excess must be returned to the Treasurer of the District by personal check.

Name: _____
Last First Middle

Address: _____

Amount of Advance Requested: \$ _____

Signature: _____

Travel Expense Advance: \$ _____

AUTHORIZED

DISAPPROVED

Signature: _____ Date: _____
District Superintendent

AMOUNT OF TRAVEL ADVANCE MUST BE LESS THAN THE ESTIMATED EXPENSES AND ADVANCE CHECKS WILL NOT BE ISSUED FOR LESS THAN \$25.00.

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TO THE DISTRICT TREASURER:

I certify that this voucher has been audited and allowed in the amount of \$ _____. You are hereby authorized and directed to pay the claimant the amount allowed and charge to the proper fund.

Vendor #: _____
Auditor

Code: _____
Date