Please submit to:

Beth Locatelli, Treasurer

CAPTIAL REGION BOCES FACULTY ASSOCIATION

900 Watervliet Shaker Road

Albany, NY 12205

DATE	DESCRIPTION/ PURPOSE	TRANSPORTATION/ MILEAGE TO:	FROM:	# MILES	LODGING	MEALS	OTHER	COST

Member Name_____

Other Mtg. Participants_____

Member Address_____

**IRS Mileage Reimbursement Rate:*

2022 - 58.5 cents per mile

Receipts must be attached to expense form.

Subtotal: _____

Less cash advance: _____

Total owed to you: _____

Total due FA: _____

Signature: _____

Date submitted: _____