

Instructions: Travel Request Reimbursement Form

Navigate to the link to open the form.

<https://us.services.docusign.net/webforms-ux/v1.0/forms/72e31f63d8d831ed58f6d94e93f2f4bf>

Please allow yourself time to complete the form in total, you will be unable to save and return.
This form is mobile device friendly.

Fill out the fields:

- Employee Name
- Employee Email
- Select your Supervisor/Approver
- Enter Day 1 Date (This will be the first date you travelled)
 - Once filled out, other fields will appear:
 - Starting Location, Ending Location
 - This should cover your full day, if you left and returned to the same location, they will be the same. In the Description of Travel, put Round trip to “Address, City, State” for “Reason”.
 - Description of Travel:
 - Be descriptive, you have 200 characters. It really helps with Grant claims.
 - Miles Traveled in BOCES car.
 - These miles are not reimbursable; however, they are critical to our Grant claims. Please fill out these fields.
 - Miles Traveled/Reimbursed for Personal Car
 - Be as detailed as possible, specific addresses, instead of general cities.
 - Map Reference URL
 - Please support your route with data from Google Maps. This should cover all your stops made on the date in question. Navigate to <https://www.google.com/maps>, enter the routing, and copy and paste the URL to this field. The mileage reported by google should match the miles claimed.
 - Filling out Day 1 Date field, will give you access to Day 2 Date field. You can claim up to 9 days on this form.