

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name			Business Unit/Department Code	
Employee ID		Official Station Address		Official Station Zip
Last Name		First Name		MI Suffix
Home Address		City	State	Zip
Business Purpose		Travel Description		
Start Location Street		Start Location Zip	Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill	
Destination Location Street		Destination Location Zip	Normal Work Hours	
Travel Start Date and Time		Travel End Date and Time		

1. Indicate All Travel Expenses	Totals	2. Summary	Amount
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Paid with Travel Advance	
Transportation (AC 3259-S)		C. Subtract Amount Billed to Corp Card (AC 3256-S)	
		D. Other Direct Bill to Agency (Specify)	
Meals (AC 3258-S) Overnight Per Diem @ \$ each =			
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =			
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =			
		E. Other Adjustments (Specify)	
Mileage Claimed (AC 160-S) @ ¢ per mile =			
Incidental Expenses – List (AC 3258-S)			
Total Travel Expenses – Enter in Section 2 Line A		Total Amount Claimed	

Traveler's Certification

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary an incurred in the performance of my official duties.

Signature
Title
Date

Supervisor's Certification (if required)

I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

Signature of Supervisor
Title
Date

FOR AGENCY USE ONLY	Expense Report Number	Travel Auth. Code
Entered by	Date	