AC 132-A (Rev. 11/04) State of New						r <mark>k T</mark> r	el \	Voucher			Vouche	ər Numi	ber				
	ating Agency						ency Cod		Interest								
Payment Date MM/DD/YY						OSC Use Only						Liability Date MM/DD/YY					
Payee ID Additional						Zip Code Route			Payee Amount			MIR Date MM/DD/YY					
Payee	Name (Last)		I	SE AC		MI § Suff	iix		IRS Code	ə IR	RS Amount			<u>, </u>			
Addres	ŝ			E	- <u>1 [^E]</u>	1 ⁼		\square	Stat Type	∍ St	tatistic	Inc	dicator	Dept	Ind Statewi	de	
Address											per (14 additional spaces)						
City				State		Zip		RAVEL nv Date MM/DD/YY									
Purpos	se of Travel			I		<u> </u>			Official S	/	/						
Destin	ation (including county	/)						-+	Residenc	æ							
	ure Date				n Date			Neg Ur		ravel dvance	Yes No	Paid B		Yes	Corporate Card		
And Time And Time 1) Indicate All Travel Expenses – Use detail sheet if necessary Lodging						<u> </u>		Totals	avance	2) Summ	nary						
- ~9"											B. Subtra	act Amou	unt Bille	ed	\		
Transp	ortation										Other Dir	rect Bill to		orate Cardj Icy)		
											(Specify)	act Amou		ł			
Meals											With Travel Advance D. Other Adjustments						
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Miles		@		4 nor ~!!	. –						╟───						
Mileag		¥.		¢ per mile							╟───						
Incider	ntal Expenses (List)																
						Total Trave					Total Am						
11	V contife at the second	io -		ayee's Certif		Enter in Se			NO 75 -		Reimbur Comptroller	' sed To 1 's Pre-Au	Travele	er			
thereo owing,	y certify that the abov has been paid, except and that the amounts	pt as sta	ated the	erein, and tha	at the balan	nce therein s	stated is a	actually	due and	Certifie	ed For Payr	nent By					
duties.											y that this c			e Office and just, a	Use and that this	payme	
I, the c	laimant's supervisor, d	certifv th		ervisor's Ce account has		nined and to	the best	of mv k	(nowl-	is appr							
edge a	nd belief, the amounts zed official duties.									Author	rized Signat	ture					
Signature of Supervisor Title									Date Title Da					ate			
	Cost Center Code			Expe	nditure	ccum							Liq	quidation			
Dept.	Cost Center Unit	y Var	Yr	Object	Dept.	Statewide	• ,	Am	ount		Orig. A	gency	P	0/	Lir	ne	
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