

State
of
New York**EMPLOYEE REPORT OF TRAVEL EXPENSES
AND CLAIM FOR PAYMENT**

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

1. Indicate All Travel Expenses <small>If more space is required in any section, use the associated detail form (number shown in parentheses below)</small>	Totals	2. Summary	Amount
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Paid with Travel Advance	
Transportation (AC3259-S)		C. Subtract Amount Billed to Corp Card (AC3256-S)	
		D. Other Direct Bill to Agency (Specify)	
Meals (AC3258-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 (AC160-S)			
@ ¢ per mile =			
Incidental Expenses – List (AC3259-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 and 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_____
Title_____
Date**FOR AGENCY USE ONLY**

Expense Report Number

Travel Auth. Code

Entered by

Date