

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	If more space is required in any section, use the associated detail form (number shown in parenthesis below)	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)				
<b>Total Travel Expenses – Enter in Section 2 Line A</b>			<b>Total Amount Claimed</b>	

### 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 of Supervisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FOR AGENCY USE ONLY**

Expense Report  
Number

Travel Auth. Code

Entered by

Date