STATE OF NEW YORK

STATEMENT OF AUTOMOBILE TRAVEL

(Submit with travel expense voucher)

_____ Sub-voucher No.

_____
(Department, Commission or Other Agency)

_____ Sheet No.

PAYEE: _____

Date	Between What Points		Meals Only*	Hour of Departure		Hour of Arrival		Miles Traveled
	From	To		A.M.	P.M.	A.M.	P.M.	
							Total Miles	

*Enter meals not included in per diem; B for breakfast, D for dinner.

I hereby certify that the travel indicated was necessary and on official business of the state.

_____
Signature of Traveler

(Rev 11/19)