AC132-S (Effective 4/12)

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			МІ	Suffix	
Address							
City State		Zip	Norma	Normal Work Hours			
Business Purpose		Travel Destination					
Travel Start Date and Time	nd Time Check if used: Corp Card			Advance	Direct Bill		
Travel Description							
1. Indicate All Travel Expenses If more space is required in any section, use the associated detail form (number shown in parentheses below			Totals	2. Summai	ry	Amount	
Lodging				A. Total Travel Exper	A. Total Travel Expenses		
				B. Subtract Amount F Travel Advance	B. Subtract Amount Paid with Travel Advance		
Transportation (AC3259-S)				C. Subtract Amount E Corp Card (AC325			
				D. Other Direct Bill to (Specify)	Agency		
Meals (AC3258-S) Overnight Per Diem @ \$ each =							
Additional Breakfast @ \$ each + Additional Di	nner @\$	each =					
Day Trip Breakfast @ \$ each + Day Trip Ding	ner @\$	each =					
Mil 01.1 1 . (40400 0)				E. Other Adjustments	s (Specify)		
Mileage Claimed (AC160-S) @							
Incidental Expenses – List (AC3259-S)							
Total Travel Expenses – Enter in Section 2 Line A				Total Amount C	laimed		
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 Title				Date			
FOR AGENCY USE ONLY Expense Report Number				Travel Auth. Code			
Entered by				Date			