

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name 1		Business Unit/Department Code 2	
Employee ID 3	Official Station Address 4		Official Station Zip 5
Last Name 6	First Name 7		MI 8 Suffix 9
Home Address 10		City 11	State 12 Zip 13
Business Purpose 14	Travel Description 15 18		
Start Location Street 16	Start Location Zip 17	Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill	
Destination Location Street 19	Destination Location Zip 20	Normal Work Hours 21	
Travel Start Date and Time 22		Travel End Date and Time 23	

1. Indicate All Travel Expenses	Totals	2. Summary	Amount
Lodging		A. Total Travel Expenses	25
		B. Subtract Amount Paid with Travel Advance	26
Transportation (AC 3259-S)		C. Subtract Amount Billed to Corp Card (AC 3256-S)	27
		D. Other Direct Bill to Agency (Specify)	28
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)	29
Mileage Claimed (AC 160-S) @ ¢ per mile =			
Incidental Expenses – List (AC 3258-S)			
Total Travel Expenses – Enter in Section 2 Line A	25	Total Amount Claimed	30

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
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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
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FOR AGENCY USE ONLY	Expense Report Number 33	Travel Auth. Code 34
Entered by 35	Date 36	

Reference	Name	Description
1	Agency Name	State Agency traveler is working for
2	Business Unit/Department Code	Business Unit/Department Code of Agency traveler is working for
3	Employee ID	Employee ID as issued by OSC (10 characters beginning with N)
4-5	Official Station: Street and Zip	Traveler's official station as determined by traveler's Agency – Enter street address and zip code or "Residence" if the official station is the same as the home address.
6-8	Last Name, First Name, MI	Traveler's last name, first name, and middle initial
9	Suffix	Suffix to traveler's name
10-13	Home Address	Traveler's home street address, city, state and zip
14	Business Purpose	The reason for the travel (e.g. "Site visit", "Meeting", etc.)
15	Travel Description	Enter a brief, specific description of the travel activities so that it can be identified quickly by the employee and supervisor. As a best practice and to facilitate the search and identification of an expense report, this field should contain the start date of the travel event (e.g., "01/01/2017 Meeting in NYC").
16-17	Start Location: Street and Zip	Address of start location, enter street address and zip code
18	Alternatives to Reimbursement:	Check associated box if either a State Corporate Travel card, a travel advance, or direct bill was used. (Note: If a State Corporate Travel card was used, AC3256-S must be filled out and submitted.)
19-20	Destination Location: Street and Zip	Address of destination, enter street address and zip code
21	Normal Work Hours	Traveler's normal work hours. (Note: If traveler has a schedule in which the work hours vary by day, then traveler should provide the normal start time of the first day of travel and the normal end time of the last day of travel.)
22	Travel Start Date and Time	Date of the first day of travel and time departed on trip
23	Travel End Date and Time	Date of the last day of travel and time returned from trip
24	Travel Expenses Section	Detail all travel expenses which are being claimed. Organize expenses into the appropriate categories, using the associated detail forms (form number listed next to each category) if needed.
25	Total Travel Expenses	The sum of the travel expenses from box 24
26	Travel Advance	If a travel advance was used, the amount of the travel advance
27	Corporate Card	If the State Corporate Travel card was used, the total from AC 3256-S
28	Other Direct Bill	If an amount was directly billed to the agency (not on the State Corporate Travel card), the total amount of direct bill
29	Other Adjustments	Any other amounts which must be subtracted or added.
30	Total Amount Claimed	Box 25 minus Boxes 26, 27, and 28, and adding/subtracting 29
31	Traveler's Certification	Traveler's signature, title and date signed
32	Supervisor's Certification	Supervisor's signature, title and date signed
33	Expense Report Number	The number of the expense report that was created in SFS Expenses using this document
34	Travel Authorization Code	Travel authorization code from SFS Expenses, if required
35	Entered by	Name of employee entering information into SFS Expenses from this document
36	Date	Date information is entered into SFS Expenses