

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: ☐ Corp Card ☐ Advance ☐ 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	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)			
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 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 of Supervisor

Title

Date

FOR AGENCY USE ONLY

Expense Report Number

Travel Auth. Code

Entered by

Date