AC3259-S (Effective 1/12)

State of New York

STATEMENT OF INCIDENTAL AND TRANSPORTATION EXPENSES

Submit with expense report – Use this form only when additional space is required to submit all necessary information

Name	Travel Start Date	Travel End Date

Incidental Expenses

Date	Description, Purpose, Item of Expenditure, Etc.	Amount Claimed
Total Incidental Expense Amount Claimed (Report on AC132-S or AC3257-S under Incidentals)		

Transportation

Date	Method, Destination, Etc.	Amount Claimed
Total Transportation Amount Claimed (Report on AC132-S or AC3257-S under Transportation)		