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	MI	Suffix

Address

City	State	Zip	Normal Work Hours

Business Purpose	Travel Destination

Travel Start Date and Time	Travel End Date and 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. Summary	Amount
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Paid with Travel Advance	
Transportation (AC3259-S)		C. Subtract Amount Billed to Corp Card (AC3256-S)	
		D. Other Direct Bill to Agency (Specify)	
Meals (AC3258-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 (AC160-S) ___ @ ___ ¢ per mile =			
Incidental Expenses – List (AC3259-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	Title	Date

FOR AGENCY USE ONLY	Expense Report Number	Travel Auth. Code
Entered by		Date