

STATE OF NEW YORK

TRAVEL VOUCHER

Voucher No. _____

1 Originating Agency _____		Orig. Agency Code _____		Interest Eligible (Y/N) N	
Payment Date (MM) (DD) (YY) _____		OSC Use Only _____		Liability Date (MM) (DD) (YY) _____	
2 Payee ID _____		Additional _____		Zip Code _____	
3 Payee Name (Last) _____		Route A		Payee Amount _____	
Agency Use Only _____		Stat. Type _____		Statistic _____	
4 Negotiating Unit _____		5 Travel Advance No <input type="checkbox"/> Yes <input type="checkbox"/> Continuous <input type="checkbox"/>		Ref/Inv. No. (Limit to 14 additional spaces) TRAVEL	
6 Destination (Include County) _____		Amount: \$ _____		Ref/Inv. Date (MM) (DD) (YY) _____	
7 Purpose of Travel: _____					

8 Date and Time of Departure: _____		AM <input type="checkbox"/> PM <input type="checkbox"/>		9 Date and Time of Return: _____		AM <input type="checkbox"/> PM <input type="checkbox"/>		10 Mode of Transportation: _____	
11 Transportation Request Used: No <input type="checkbox"/> Yes <input type="checkbox"/>		12 Lodging Request Used: No <input type="checkbox"/> Yes <input type="checkbox"/>		# _____		# _____		# _____	
13 Transportation Expense:		Sub Vo. No.		AMOUNT					
14 Per Diem Allowance		Days @ \$ _____ per day = \$ _____ Total - \$ _____		Amount of Lodging Request					
15 Meals Only:		Breakfasts @ \$ _____ + Dinners @ \$ _____							
16 Miscellaneous Expenses/Explanations:									
17 Total Mileage from attached AC 160: _____ miles @ _____ ¢ per mile									

PAYEE'S CERTIFICATION

I hereby certify that the above account and schedules annexed 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 authorized official duties.

Signature _____ Official Title _____

Official Station _____

Home Address _____

City _____ Dated _____ 19____

SUPERVISOR'S CERTIFICATION

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 _____

VOUCHER TOTAL

STATE COMPTROLLER'S PRE-AUDIT

Verified _____

Certified for Payment of the Total Amount

By _____

For Agency Finance Office Use Only
I certify that this claim is correct and just, and payment is approved

By _____ Authorized Signature

Title _____ Date _____

Expenditure						Liquidation				
Dept.	Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var		Yr	Dept.					