

State
of
New York

CLAIM FOR TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE

Agency traveled for	(1)		
Vendor ID	(2)	Vendor Name	(3)
Last Name	(4)	First Name	(5)
		MI	(6)
Suffix	(7)		
Address	(8)		
City	(9)	State	(10)
		Zip	(11)
Business Purpose	(12)	Travel Destination	(13)
Travel Start Date and Time	(14)	Travel End Date and Time	(15)
Travel Description	(16)		

Indicate All Expenses – If more space is required in any section, use the associated detail form (number shown in parenthesis below)	Totals
Lodging	
Transportation (AC 3259-S)	
Meals (AC 3258-S)	
Mileage Claimed (AC 160-S)	
miles @ ¢ per mile =	
Incidental Expenses – List (AC 3259-S)	
Total Amount Claimed	(18)

Vendor's Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

(19)

Signature

Title

Date

(17)

Reference	Name	Description
1	Agency traveled for	Name of Agency traveler is performing work for
2	Vendor ID	A unique identification number, as issued by OSC (must be 10 numeric characters)
3	Vendor Name	Name of Vendor
4	Last Name	Traveler's last name
5	First Name	Traveler's first name
6	MI	Traveler's middle initial
7	Suffix	Suffix to traveler's name
8	Address	Traveler's home street address
9	City	City for traveler's home address
10	State	State for traveler's home address
11	Zip	Zip code for traveler's home address
12	Business Purpose	The reason for the travel (e.g. "Site visit", "Meeting", etc.)
13	Travel Destination	City and state of destination
14	Travel Start Date and Time	Date of the first day of travel and time departed on trip
15	Travel End Date and Time	Date of the last day of travel and time returned from trip
16	Travel Description	Brief description of the travel event (e.g. "Meeting at [agency] to discuss [topic]")
17	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.
18	Total Amount Claimed	Sum of all amounts in the Travel Expenses Section
19	Vendor's Certification	Traveler's signature, title and date signed