

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name 2858 SUNY College of Optometry	Account Number(s)
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Employee ID	Official Station
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Last Name	First Name	MI	Suffix
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Address

City	State	Zip	Normal Work Hours
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Business Purpose	Travel Destination - Include Street Address and Zip Code
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Travel Start Date and Time	Travel End Date and Time	Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill
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Travel Description	Departure Point
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1. Indicate All Travel Expenses	Totals	2. Summary	Amount																					
If more space is required in any section, use the associated detail form (number shown in parentheses below)		A. Total Travel Expenses	\$ -																					
Lodging		B. Subtract Amount Paid with Travel Advance																						
Transportation (AC3259-S)		C. Subtract Amount Billed to Corp Card (AC3256-S)																						
Meals (AC3258-S)		D. Other Direct Bill to Agency (Specify)																						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%;">Overnight Per Diem</td> <td style="width: 10%;">@</td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%;">Per day +</td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; text-align: center;">-</td> </tr> <tr> <td>Additional Breakfast</td> <td>@ \$</td> <td>each +</td> <td>Additional Dinner</td> <td>@ \$</td> <td>each -</td> <td></td> </tr> <tr> <td>Day Trip Breakfast</td> <td>@ \$</td> <td>each +</td> <td>Day Trip Dinner</td> <td>@ \$</td> <td>each -</td> <td></td> </tr> </table>		Overnight Per Diem	@		Per day +		-	Additional Breakfast	@ \$	each +	Additional Dinner	@ \$	each -		Day Trip Breakfast	@ \$	each +	Day Trip Dinner	@ \$	each -			E. Other Adjustments (Specify)	
	Overnight Per Diem	@		Per day +		-																		
Additional Breakfast	@ \$	each +	Additional Dinner	@ \$	each -																			
Day Trip Breakfast	@ \$	each +	Day Trip Dinner	@ \$	each -																			
Mileage Claimed (AC160-S)																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%;">Miles</td> <td style="width: 10%;">@</td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%;">per Mile</td> </tr> </table>		Miles	@		per Mile																			
	Miles	@		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 and 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

EXPENDITURE							
Dept.	Account	Year	Object Code	Amount	Object Code	TR Fiscal Control #	