

State  
of  
New York

# EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name <b>SUNY Polytechnic Institute</b>		Business Unit/Department Code <b>SNY01/3320229</b>	
Employee ID (Found on paystub or in time & attendance portal) <b>N</b>	Official Station Address		Official Station Zip
Last Name	First Name		MI      Suffix
Home Address		City	State      Zip
Business Purpose		Travel Description	
Start Location Street Address <b>Example 123 Main St</b>	Start Location Zip Code		Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill
Destination Location Street Address <b>Example 123 Main St</b>	Destination Location Zip		Normal Work Hours
Travel Start Date	Travel Start Time	Travel End Date	Travel End Time

1. Indicate All Travel Expenses	Totals	2. Summary	Amount
<b>Lodging</b>		<b>A. Total Travel Expenses</b>	
		<b>B. Subtract Amount Paid with Travel Advance</b>	
<b>Transportation (AC 3259-S)</b>		<b>C. Subtract Amount Billed to Corp Card (AC 3256-S)</b>	
		<b>D. Other Direct Bill to Agency (Specify)</b>	
<b>Meals (AC 3258-S)</b>	Overnight Per Diem @ \$ each =		
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =			
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =			
		<b>E. Other Adjustments (Specify)</b>	
<b>Mileage Claimed (AC 160-S)</b>	@ ¢ per mile =		
<b>Incidental Expenses – List (AC 3258-S)</b>			
<b>Total Travel Expenses – Enter in Section 2 Line A</b>		<b>Total Amount Claimed</b>	

**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.

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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.

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Signature of Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR AGENCY USE ONLY</b>	<b>Account Number to Charge:</b>