

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

EXAMPLE TC=TRAVEL CARD

Agency Name		Business Unit/Department Code	
Employee ID 111222	Official Station Address 750 EAST ADAMS ST		Official Station Zip 13210
Last Name TRIPS	First Name SUNNY	MI	Suffix
Home Address 123 SUNRISE LANE	City SYRACUSE	State NY	Zip 13210
Business Purpose PRESENT AT CONFERENCE	Travel Description AAMC (NAME OF CONFERENCE)		
Start Location Street 750 EAST ADAMS ST	Start Location Zip 13210	Check if used: <input checked="" type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill	
Destination Location Street 321 SUNSET FALLS	Destination Location Zip 24111	Normal Work Hours	
Travel Start Date and Time 11/01/23 6:30 AM	Travel End Date and Time 11/06/23 8:30 PM		

1. Indicate All Travel Expenses	Totals	2. Summary	Amount
Lodging INCLUDE RECEIPT!		A. Total Travel Expenses	2005.48
AMBASSADOR INN - TC	800	B. Subtract Amount Paid with Travel Advance	1555
Transportation (AC 3259-S) INCLUDE RECEIPT!		C. Subtract Amount Billed to Corp Card (AC 3256-S)	
AIR - DIRECT TRAAVEL - TC	645	D. Other Direct Bill to Agency (Specify)	
Meals (AC 3258-S) Overnight Per Diem 5 @ \$64 each =	320		
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =			
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =			
		E. Other Adjustments (Specify)	
Mileage Claimed (AC 160-S) 16 INCLUDE MILEAGE BACK UP! @ .655 ¢ per mile =	10.48		
Incidental Expenses - List (AC 3258-S) INCLUDE RECEIPTS!			
UBER RIDES	120		
REGISTRATION \$50 -TC LUGGAGE \$60 -TC	110		
Total Travel Expenses - Enter in Section 2 Line A	2005.48	Total Amount Claimed	450.48

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 of Supervisor

Title

Date

FOR AGENCY USE ONLY

Expense Report Number

Travel Auth. Code

Entered by

Date

ALWAYS INCLUDE MEETING AGENDA!