

State  
of  
New York

# CLAIM FOR TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE

**SUNY ESF**

Account to be charged:

Last Name	First Name	MI	Suffix
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Street Address

City	State	Zip
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Business Purpose

Travel Destination-  
Include address/zip

Travel Start Date and Time	Travel End Date and Time
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Travel Description

<b>Indicate All Expenses</b> – If more space is required in any section, use the associated detail form (number shown in parentheses below)	<b>Totals</b>
Lodging	
Transportation (AC3259-S)	
Meals (AC3258-S)	
Mileage Claimed (AC160-S)	
miles @          ¢ per mile =	
Incidental Expenses – List (AC3259-S)	
<b>Total Amount Claimed</b>	

**Traveler's Certification** - NOTE: Receipts for all expenses as well as documentation relating to attendance at business events should be attached as appropriate (i.e. event agenda). 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.

Traveler's Signature	Title	Date
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**Account Signatory Certification:** I, the account signatory, 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.

Account Signatory Signature	Title	Date
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