

State
of
New York**EMPLOYEE REPORT OF TRAVEL
EXPENSES AND CLAIM FOR PAYMENT**

SUNY ESF – 28550		* Required Fields		Business Unit/ Department Code	
* Account Number		* Official Station Address		Official Station Zip	
* Last Name		* First Name		MI	Suffix
* Home Address		* City		State	* Zip
* Business Purpose		* Travel Description			
* Start Location Street (Residence, Official Station or Specific address)		* Start Location Zip		Check if used: <input type="checkbox"/> Travel Card <input type="checkbox"/> NET Card <input type="checkbox"/> CF Funds	
* Destination Location Street		* Destination Location Zip		* Normal Work Hours	
* Travel Start Date and Time			* Travel End Date and Time		

Indicate All Travel Expenses <small>If more space is required in any section, use the associated detail form (number shown in parenthesis below) or attach details</small>	Amounts & Totals	Incidentals	Amounts & Totals
Lodging (attach a signed Over The Max form, if necessary)		Registration	
		Tolls	
Transportation		Baggage Fees	
Car Rental		Parking Fees	
Airfare		Fuel for Rental Vehicle	
Taxi, train, bus, etc.			
Mileage Claimed (AC 160-S) (Attach rental comparison, if applicable) @ \$ ¢ per mile			
Meals			
Overnight Per Diem Proof of overnight lodging required @ \$ each =		Summary	
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =		A. Total Travel Expenses	
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =		B. Subtract Amount Billed to Corp Card (AC 3256-S)	
I understand the amount requested is less than the allowable per diem (if applicable)		C. Other Adjustments (Specify)	
Received Meal Totals, if not using per diem		Grand Total/ Total Amount Claimed	

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

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.

Traveler's Signature_____
Title_____
Date**Supervisor's Certification** - 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 and I have signatory authority for which the total amount should be charged. *Note, account signatory is required if supervisor does not have signatory approval on the account listed above. Approval/Signature must be obtained before submitting to the Travel Office.*_____
Supervisor: Last Name, First Name - printed_____
Signature of Supervisor_____
Title_____
Date**Account signatory approval is required if different than above.**

Approved by (Print Name and Sign): _____

Date: _____

FOR AGENCY USE ONLY	Travel Authorization <input type="checkbox"/>	Expense Report Number
	Entered by	Date