



# CLAIM FOR TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE INSTRUCTIONS

Agency traveled for	(1)						
Vendor ID	(2)	Vendor Name	(3)				
Last Name	(4)	First Name	(5)	MI	(6)	Suffix	(7)
Address	(8)						
City	(9)			State	(10)	Zip	(11)
Business Purpose	(12)		Travel Destination	(13)			
Travel Start Date and Time	(14)		Travel End Date and Time	(15)			
Travel Description	(16)						

<b>Indicate All Expenses</b> – If more space is required in any section, use the associated detail form (number shown in parenthesis below)	<b>Totals</b>
Lodging	
Transportation (AC 3259-S)	
Meals (AC 3258-S)	
Mileage Claimed (AC 160-S)	
miles @ ¢ per mile =	
Incidental Expenses – List (AC 3259-S)	
<b>Total Amount Claimed</b>	(18)

## Vendor's Certification

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.

(19)

Signature

Title

Date

Reference	Name	Description
1	Agency traveled for	Type: SUNY Delhi
2	Vendor ID	Candidates Social Security number, this is <b>required</b> for payment
3	Vendor Name	Leave blank
4	Last Name	Candidate's last name
5	First Name	Candidate's first name
6	MI	Candidate's middle initial
7	Suffix	Suffix to candidate's name
8	Address	Address of where candidate would like the reimbursement check mailed to
9	City	City for candidate's home address
10	State	State for candidate's home address
11	Zip	Zip code for candidate's home address
12	Business Purpose	Interview for (complete job title) <b>required</b> for billing purposes
13	Travel Destination	SUNY Delhi
14	Travel Start Date and Time	Date of the first day of travel and time departed on trip
15	Travel End Date and Time	Date of the last day of travel and estimated time returned from trip
16	Travel Description	Leave blank
17	Travel Expenses Section	Detail all travel expenses which are being claimed. Organize expenses into the appropriate categories, using the associated detail forms (form number listed next to each category) if needed. 2016 mileage reimbursement rate is .54 per mile
18	Total Amount Claimed	Sum of all amounts in the Travel Expenses Section
19	Vendor's Certification	Candidate's signature, (leave title blank) and date signed

## You must attach itemized receipts as supporting documentation for each expense claimed

### Notes:

- 2017 mileage reimbursement rate is 53.5 cents per mile
- Alcoholic beverages will not be reimbursed
- If candidates use a rental car gas and insurances can be claimed as part of the expense (typically mileage is not reimburseable because we are reimbursing the gas)
- Please include the appropriate expenses for the return trip home
- Explain the Travel Reimbursement process to candidates (refer to Search Committee Guidelines for details).

Advise candidates that payment will not be made until after someone has accepted the position and to please allow time for processing. Candidates may call the Office of Human Resources for questions regarding pending payment or to update the address where they would like to receive the check.

- For questions on Travel Reimbursement please call the Office of Human Resources at 4495

### Submit to the Office of Human Resources, 103 Bush Hall:

- *CLAIM FOR TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE* form (AC 3257-S)
- When claiming mileage submit *STATEMENT OF AUTOMOBILE TRAVEL* form (AC160-S)
- All *itemized* receipts
- If you type directly onto the *CLAIM FOR TRAVEL...* form it will pre-fill other forms

State  
of  
New York

# CLAIM FOR TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE

Agency traveled for

Vendor ID

Vendor Name

Last Name

First Name

MI

Suffix

Address

City

State

Zip

Business Purpose

Travel Destination

SUNY Delhi

Travel Start Date and Time

Travel End Date and Time

Travel Description

**Indicate All Expenses** – If more space is required in any section, use the associated detail form (number shown in parentheses below)

**Totals**

Lodging

Transportation (AC3259-S)

Meals (AC3258-S)

Mileage Claimed (AC160-S)

miles @

¢ per mile =

Incidental Expenses – List (AC3259-S)

**Total Amount Claimed**

## Vendor's Certification

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.

Signature

Title

Date

State  
of  
New York

STATEMENT OF AUTOMOBILE TRAVEL

Submit with expense report

Name		Travel Start Date		Travel End Date	
Date	Between What Points		Actual Mileage	Mileage Claimed	
	From	To			
Total Miles Claimed				(Report on AC132-S or AC3257-S under Mileage)	



## TRAVEL REQUEST

Date of request: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_  
Social Security Number (I.D.): \_\_\_\_\_ Home Zip Code: \_\_\_\_\_  
Destination: SUNY Delhi Negotiating Unit: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_

Date (s) of Travel: \_\_\_\_\_ to \_\_\_\_\_

☐ State Car

☐ Other Transportation

☐ Personal Car

☐ License Number

Have you requested a state car? ☐ Yes ☐ No

If yes, ☐ Approved ☐ Denied

**Candidate  
Signature and date**

Typically HR completes this section for candidate travel

To be completed by the person making request and approved by person authorizing travel.

**Meals** \$ \_\_\_\_\_

Please make any notes here:

**Lodging** \$ \_\_\_\_\_

**Mileage** \$ \_\_\_\_\_

**Transportation** \$ \_\_\_\_\_

**Miscellaneous** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Charge to Account#: \_\_\_\_\_ Amount Allowable: \_\_\_\_\_

Supervisor Approval \_\_\_\_\_ (signing here means there is money in the Account!)

### BELOW FOR BUSINESS OFFICE USE ONLY

Requisition Number: \_\_\_\_\_

Account No. \_\_\_\_\_ Object: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account No. \_\_\_\_\_ Object: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account No. \_\_\_\_\_ Object: \_\_\_\_\_ Amount \$ \_\_\_\_\_