

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name	(1)	Business Unit/Department Code			(2)			
Employee ID	(3)	Official Station				(4)		
Last Name	(5)	First Name	(6)	MI	(7)	Suffix	(8)	
Address							(9)	
City	(10)	State	(11)	Zip	(12)	Normal Work Hours		(13)
Business Purpose			(14)	Travel Destination				(15)
Travel Start Date and Time		(16)	Travel End Date and Time		(17)	Check if used:		(18)
						<input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill		
Travel Description								(19)

1. Indicate All Travel Expenses	Totals	2. Summary	Amount
Lodging		A. Total Travel Expenses	(21)
		B. Subtract Amount Paid with Travel Advance	(22)
Transportation (AC 3259-S)		C. Subtract Amount Billed to Corp Card (AC 3256-S)	(23)
		D. Other Direct Bill to Agency (Specify)	(24)
Meals (AC 3258-S) Overnight Per Diem @ \$ each =			
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =			
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =			
		E. Other Adjustments (Specify)	(25)
Mileage Claimed (AC 160-S) @ ¢ per mile =			
Incidental Expenses – List (AC 3258-S)			
Total Travel Expenses – Enter in Section 2 Line A	(21)	Total Amount Claimed	(26)

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 and 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

(29)

Travel Auth. Code

(30)

Entered by

(31)

Date

(32)

Reference	Name	Description
1	Agency Name	Name of Agency traveler is working for
2	Business Unit/Department Code	Business Unit/Department Code of Agency traveler is working for
3	Employee ID	Employee ID as issued by OSC (must be 10 characters)
4	Official Station	Traveler's official station as determined by traveler's agency
5	Last Name	Traveler's last name
6	First Name	Traveler's first name
7	MI	Traveler's middle initial
8	Suffix	Suffix to traveler's name
9	Address	Traveler's home street address
10	City	City for traveler's home address
11	State	State for traveler's home address
12	Zip	Zip code for traveler's home address
13	Normal Work Hours	Traveler's normal work hours. (Note: If traveler has a schedule in which the work hours vary by day, then traveler should provide the normal start time of the first day of travel and the normal end time of the last day of travel.)
14	Business Purpose	The reason for the travel (e.g. "Site visit", "Meeting", etc.)
15	Travel Destination	City and state of destination
16	Travel Start Date and Time	Date of the first day of travel and time departed on trip
17	Travel End Date and Time	Date of the last day of travel and time returned from trip
18	Check if used:	Check associated box if either a State Corporate Travel card, a travel advance, or direct bill was used. (Note: If a State Corporate Travel card was used, AC3256-S must be filled out and submitted.)
19	Travel Description	Brief description of the travel event (e.g. "Meeting at [agency] to discuss [topic]")
20	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.
21	Total Travel Expenses	The sum of the travel expenses from box 20
22	Travel Advance	If a travel advance was used, the amount of the travel advance
23	Corporate Card	If the State Corporate Travel card was used, the total from AC3256-S
24	Other Direct Bill	If an amount was directly billed to the agency (not on the State Corporate Travel card), the total amount of direct bill
25	Other Adjustments	Any other amounts which must be subtracted or added.
26	Total Amount Claimed	Box 20 minus Boxes 22, 23, 24 and 25
27	Traveler's Certification	Traveler's signature, title and date signed
28	Supervisor's Certification	Supervisor's signature, title and date signed
29	Expense Report Number	The number of the expense report that was created in Expenses using this document
30	Travel Authorization Code	Travel authorization code from Expenses if required
31	Entered by	Name of employee entering information into Expenses from this document
32	Date	Date information is entered into Expenses