AC 132-S (Effective 9/17)

State of New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name				Business Unit/Department Code			
Employee ID	Official Station Address				Official Station Zip		
Last Name	First Name					МІ	Suffix
Home Address	City					State	Zip
Business Purpose Travel Description							
Start Location Street	Sta	art Location Zip	<u> </u>	Check if used: ☐ Corp Card ☐ Advance ☐ Direct Bill			
Destination Location Street	Destination Location Zip			Normal Work Hours			
Travel Start Date and Time	Travel End Date and Time						
1. Indicate All Travel Expenses If more space is required in any se associated detail form (number she below)	Totals	2. Summary Amount					
Lodging				A. Total Travel Expenses			
				B. Subtract Amount Paid with Travel Advance			
Transportation (AC 3259-S)				C. Subtract Amount Billed to Corp Card (AC 3256-S)			
				D. Other Direct Bill to Agency (Specify)			
Meals (AC 3258- S) Overnight Per Diem	@ \$	each =					
Additional Breakfast @ \$ each + Additional Dinner	@\$	each =					
Day Trip Breakfast @ \$ each + Day Trip Dinner	@\$	each =					
				E. Othe	r Adjustment	ts (Specify)	
Mileage Claimed (AC 160-S)							
Incidental Expenses – List (AC 3258-S)							
Total Travel Expenses – Enter in Section 2 Line A				Tota	al Amount (Claimed	
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 Expense Report		Title Date					
FOR AGENCY USE ONLY Number	Tra	Travel Auth. Code					
Entered by	Dat	Date					

Supervisor/Chair Signature & Date _____

Dean/VP Signature & Date :_____