

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

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

Supervisor/Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_