

STATE OF NEW YORK

TRAVEL VOUCHER

Voucher No.

1 Originating Agency, 2 Payee ID, 3 Payee Name (Last), 4 Negotiating Unit, 5 Travel Advance, 6 Destination, 7 Purpose of Travel, 8 Date and Time of Departure, 9 Date and Time of Return, 10 Mode of Transportation, 11 Transportation Request Used, 12 Lodging Request Used, 13 Transportation Expense, 14 Per Diem Allowance, 15 Meals Only, 16 Miscellaneous Expenses/Explanations, 17 Total Mileage from attached AC 160.

Table with columns: Sub Vo. No., AMOUNT. Rows for 13-17 detailing expenses and mileage.

PAYEE'S CERTIFICATION: I hereby certify that the above account and schedules annexed 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 authorized official duties.

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.

VOUCHER TOTAL, STATE COMPTROLLER'S PRE-AUDIT, For Agency Finance Office Use Only. Includes fields for Verified, Certified for Payment of the Total Amount, and Authorized Signature.

Table with columns: Expenditure (Cost Center Code, Object, Accum, Amount) and Liquidation (Orig. Agency, PO/Contract, Line, F/P).



Check if Continuation form is attached.