AC132

State of New York Travel Voucher

Voucher Number	

Originating Agency	Agency Code	Interest Eligible Y/N	Requisition Number
SUNY NEW PALTZ	28210	N	

Payment Date MM/DD/YY (A/P Use Only)	OSC Use Only	Liability Date MM/DD/YY

Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date MM/DD/YY

Payee Name (Last)	Space	FI	Space	MI	Space	Suffix	IRS Code	IRS Amount

Address	Stat Type	Statistic	Indicator Dept	Ind Statewide

Address	Invoice Number: TRAVEL

City	State	Zip	Invoice Date:

Purpose of Travel	Official Station: SUNY NEW PALTZ

Destination (including county)	If other SUNY New Paltz, please specify with justificaton:

Departure Date and Time	Return Date and Time	Neg Unit	Travel Advance	MODE OF TRANSPORTATION
[ ] AM [ ] PM	[ ] AM [ ] PM		☐Yes ☐No	

Indicate All Travel Expenses – Use detail sheet if necessary			
Lodging	4204		
Transportation			
Meals			
Mileage (attach AC 160) @ ¢ per mile =	4300		
Incidental Expenses (List) e.g. parking, tolls, taxi, copying etc.	4002		
Registration	5003		
Total amount to be reimbursed to traveller			

Payee'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

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

State Comptroller's Audit
Certified For Payment By

Agency Finance Office Use

I certify that this claim is correct and just, and that this payment is approved

Authorized Signature

Title Date

Cost Center Code					TRAVEL ADVANCE		Amount		Account#	Sub Object	Amount	
Dept	Cost Center Unit	Var	Yr									