# State of New York Travel Voucher

| | | | |
|---|---|---|---|
| Originating Agency<br>SUNY System Administration | Agency Code<br>28650 | Interest Eligible Y/N<br>**N** | Voucher Number |
| Payment Date MM/DD/YY | OSC Use Only | | Liability Date MM/DD/YY |

| | | | | | | |
|---|---|---|---|---|---|---|
| Payee ID (SS#) | 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 | | | | Ref/Inv Number (14 additional spaces)<br>**TRAVEL** | | |
| City | State | Zip | | Ref/Inv Number (14 additional Spaces) | | |
| Purpose of Travel | | | | Official Station Campus | | |
| Destination (including county) | | | | Residence | | |

| | | | | | |
|---|---|---|---|---|---|
| Departure Date and Time | Return Date and Time | Neg Unit (08, 13) | Travel Advance ☐Yes ☐No | Paid by Direct Bill ☐Yes ☐No | Corporate Card Used ☐Yes ☐No |

| 1. ) Indicate All Travel Expenses – Use detail sheet if necessary | Totals | 2. ) Summary | Amount |
|---|---|---|---|
| Lodging | | A. Total Travel Expenses | |
| | | B. Subtract Amount Billed Directly to Agency (Amex) | |
| | | Other Direct Bill to Agency (Specify) | |
| Transportation | | C. Subtract Amount Paid with Travel Advance | |
| Meals | | D. Other Adjustments (Specify) | |
| | | | |
| Mileage @ ¢ per mile = | | | |
| Incidental Expenses (List) | | | |
| | | | |
| **Total Travel Expenses – Enter in Section 2 Line A** | | **Total Amount To be Reimbursed to Traveler** | |

**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

Instructions:

Fill in the highlighted sections, print out the voucher and sign it.
Attach original receipts and mail to Carol Donato.
Complete instructions: http://www.suny.edu/facultySenate/Forms.cfm

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