State of New York Travel Voucher

Voucher Number

Originating Agency | Agency Code | Interest Eligible Y/N

Payment Date MM/DD/YY | OSC U… | …D/YY

Payee ID | SS# | Additional | Zip Code | …/YY

Payee Name (Last) | Space | FI | Space | MI | Space | S… | …

Address | Stat Type | Statistic | Indicator Dept | Ind Statewide

Address | Ref/Inv Number (14 additional spaces) **TRAVEL**

City | State | Zip | Ref/Inv Number (14 additional Spaces)

Purpose of Travel | Official Station

Destination (including county) | Residence

Complete Sections marked with YELLOW

Campus

City, State AND Zip

UUP-08, MC-13, etc.

Departure Date and Time | Return Date and Time | Neg Unit | Trav… Advance ☐Yes ☐No | Direct Bill ☐Yes ☐No | Corporate Card Used ☐Yes ☐No

1.) Indicate All Travel Expenses – Use detail sheet if necessary

Totals

2.) Summary

Amount

Leave this section blank. I will complete it based on the receipts, mileage form, etc.

Enter in Section 2 Line A

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

Expenditure								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept.	Statewide					