State of New York Travel Voucher

Voucher Number	

Originating Agency	Agency Code	Interest Eligible Y/N	
SUNY System Administration	2865	N	

Payment Date MM/DD/YY	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	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

Departure Date and Time	Return Date and Time	Neg Unit	Travel Advance ☐Yes ☐No	Paid by Direct Bill ☐Yes ☐No	Corporate Card Used ☐Yes ☐No

1.) Indicate All Travel Expenses – Use additional sheet if necessary	**Totals**	**2.) Summary**	**Amount**
Lodging		A. Total Travel Expenses	$0.00
		B. Subtract Amount Billed Directly to Agency (eg. BTA's)	
Transportation		Other Direct Bill to Agency (PO# - eg. Enterprise, Hotels)	
		C. Subtract Amount Paid with Travel Advance	
Meals		D. Other Adjustments (eg. Registrations, Fleet Car, etc)	
Mileage @ ¢ per mile =	$0.00		
Incidental Expenses (List)			
Total Travel Expenses – Enter in Section 2 Line A	$0.00	**Total Amount To be Reimbursed to Traveler**	$0.00

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					