AC 160 (Rev. 4/82)

STATE OF NEW YORK

# STATEMENT OF AUTOMOBILE TRAVEL

(Submit with travel expense voucher)

............................................ Subvoucher No.

............................................ (Department, Commission or Other Agency)

............................................ Sheet No.

PAYEE ............................................

| Date | Between What Points | | Meals Only* | Hour of Departure | | Hour of Arrival | | Miles Traveled |
|---|---|---|---|---|---|---|---|---|
| | From | To | | A.M. | P.M. | A.M. | P.M. | |
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| | | | | | | | Total Miles | |

*Enter meals not included in per diem; B for breakfast, D for dinner.

I hereby certify that the travel indicated was necessary and on official business of the State.

______________________________ Signature of Traveler

OSC