### State of New York Travel Voucher

**Originating Agency**

**Agency Code**

**Interest Eligible (Y/N)**

**Payment Date** (MM) (DD) (YY)

**OSC Use Only**

**Liability Date** (MM) (DD) (YY)

**Payee ID**

**Zip Code**

**Route**

**Payee Amount**

**MIR Date** (MM) (DD) (YY)

**Payee Name (Last)**

**FI**

**Mi**

**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 Date** (MM) (DD) (YY)

**Purpose of Travel**

**Official Station**

**Destination (including county)**

**Residence**

**Departure Date And Time**

**Return Date And Time**

**Neg Unit**

**Travel Advance**

**Paid By**

**Yes**

**No**

**Paid By Direct Bill**

**Yes**

**No**

**Corporate Card**

**Yes**

**No**

**Amount**

1) **Indicate All Travel Expenses** - Use detail sheet if necessary

2) **Summary**

A. **Total Travel Expenses**

B. **Subtract Amount Billed Directly to Agency (Corporate Card)**

C. **Subtract Amount Paid With Travel Advance**

D. **Other Adjustments**

**Mileage**

@ **¢ per mile**

**Incidental Expenses (List)**

**Total Travel Expenses - Enter in Section 2 Line**

**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 and 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**

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**Expenditure**

<table>
<thead>
<tr>
<th>Cost Center Code</th>
<th>Object</th>
<th>Accum</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept.</td>
<td>Cost Center Unit</td>
<td>Var. Yr.</td>
<td>Dept.</td>
</tr>
</tbody>
</table>

**Liquidation**

<table>
<thead>
<tr>
<th>Orig. Agency</th>
<th>PO/Contract</th>
<th>Line</th>
<th>F/P</th>
</tr>
</thead>
</table>

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**State Comptroller’s Pre-Audit**

Certified For Payment By

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**Agency Finance Office Use**

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

Authorized Signature

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**Title**

**Date**