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| **AC3257-S (Effective 1/12)** |
| **State** **of** **New York** | **CLAIM FOR TRAVEL REIMBURSEMENT****BY A NON-EMPLOYEE** |
| Agency traveled forClick here to enter text. |
| Vendor IDClick here to enter text. | Vendor NameClick here to enter text. |
| Last Name Click here to enter text. | First NameClick here to enter text. | MIClick here to enter text. | SuffixClick here to enter text. |
| AddressClick here to enter text. |
| CityClick here to enter text. | StateClick here to enter text. | ZipClick here to enter text. |
| Business PurposeClick here to enter text. | Travel DestinationClick here to enter text. |
| Travel Start Date Travel Start Time Click here to enter a date. Enter time (include AM or PM)  | Travel End Date Travel End TimeClick here to enter a date. Enter time (include AM or PM)   |
| Travel Description Click here to enter text. |
| **Indicate All Expenses –** If more space is required in any section, use the associated detail form (number shown in parentheses below) | **Totals** |
| Lodging Click here to enter text. |        |
| Click here to enter text. |       |
| Transportation (AC3259-S)Click here to enter text. |       |
| Click here to enter text. |       |
| Click here to enter text. |       |
| Meals (AC3258-S)Click here to enter text. |       |
| Click here to enter text. |       |
| Click here to enter text. |       |
| Mileage Claimed (AC160-S) Click here to enter text. miles @       ¢ per mile =       |       |
| Incidental Expenses – List (AC3259-S)Click here to enter text. |       |
| Click here to enter text. |       |
| Click here to enter text. |       |
| **Total Amount Claimed**  |       |
| Vendor’s CertificationI certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded. Click here to enter text.Click here to enter a date. Signature Title Date |
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