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| **AC3257-S (Effective 1/12)** | | | | | | | | |
| **State**  **of**  **New York** | **CLAIM FOR TRAVEL REIMBURSEMENT**  **BY A NON-EMPLOYEE** | | | | | | | |
| Agency traveled for  Click here to enter text. | | | | | | | | |
| Vendor ID  Click here to enter text. | | Vendor Name  Click here to enter text. | | | | | | |
| Last Name  Click here to enter text. | | | First Name  Click here to enter text. | | | MI  Click here to enter text. | Suffix  Click here to enter text. | |
| Address  Click here to enter text. | | | | | | | | |
| City  Click here to enter text. | | | | | State  Click here to enter text. | Zip  Click here to enter text. | | |
| Business Purpose  Click here to enter text. | | | | Travel Destination  Click 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 Time Click 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 Certification I 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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